



# NOTICE/AGENDA

**STATE COUNCIL ON DEVELOPMENTAL DISABILITIES  
MEMBERSHIP COMMITTEE MEETING  
POSTED AT: [www.scdd.ca.gov](http://www.scdd.ca.gov)**

This is a teleconference and zoom meeting only. There is no physical location being made available to the public. Per [EXECUTIVE ORDER N-29-20](#), teleconferencing restrictions are waived during the COVID-19 pandemic. Therefore, Committee members are not required to list their remote locations and members of the public may participate telephonically or by Zoom from any location. Accessible formats of all agenda and materials can be found online at [www.scdd.ca.gov](http://www.scdd.ca.gov).

**JOIN ZOOM MEETING:** <http://bit.ly/2021-Membership-Meetings>  
**MEETING ID:** **942 5516 9002**  
**PASSWORD:** **024583**

Click [here](#) for instructions on using the Zoom application.

OR

**JOIN BY TELECONFERENCE: (VOICE ONLY)**

**CALL IN NUMBER:** **1-877-853-5257**  
**MEETING ID:** **942 5516 9002**

**DATE:** April 27, 2021

**TIME:** 9:30 AM – 12:30 PM

**COMMITTEE CHAIR:** Kara Ponton

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**Item 1. CALL TO ORDER**

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**Item 2. ESTABLISH QUORUM**

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**Item 3. WELCOME AND INTRODUCTIONS**

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**Item 4. PUBLIC COMMENTS**

*This item is for members of the public only to provide comments and/or present information to the Committee on matters not on the agenda. Each person will be afforded up to three minutes to speak.*

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**Item 5. APPROVAL OF AUGUST 2020 MINUTES ** Page 4

*Presented by: Kara Ponton, Committee Chair*

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**Item 6. DEMOGRAPHIC MAP** Page 9

*Presented by: Aaron Carruthers, Executive Director*

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**Item 7. APPOINTMENT AND VACANCIES** Page 11

*Presented by: Aaron Carruthers, Executive Director*

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**Item 8. APPLICATIONS FOR COUNCIL ** Page 16

*Presented by: Kara Ponton, Committee Chair*

- a. Review Expiring 1<sup>st</sup> Terms
  - b. Review Council Applications for Vacant Seat(s)
    - *At Large – Institution*
    - *Los Angeles Region*
  - c. Review Council Applications for Expiring 2<sup>nd</sup> Terms
    - *Bay Area Region*
    - *Central Coast Region*
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**Item 9. RAC ROSTER** Page 48

*Presented by: Aaron Carruthers, Executive Director*

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**Item 10. CONSIDER UPDATES TO THE RAC POLICY ** Page 53

*Presented by: Aaron Carruthers, Executive Director*

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**Item 11. REVIEW & TAKE ACTION ON RAC APPLICATIONS ** Page 57

- a. North Coast Regional Advisory Committee
  - b. North State Regional Advisory Committee
  - c. Sacramento Regional Advisory Committee
  - d. North Bay Regional Advisory Committee
  - e. Bay Area Regional Advisory Committee
  - f. North Valley Hills Regional Advisory Committee
  - g. Central Coast Regional Advisory Committee
  - h. Sequoia Regional Advisory Committee
  - i. Los Angeles Regional Advisory Committee
  - j. Orange County Regional Advisory Committee
  - k. San Diego Regional Advisory Committee
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I. San Bernardino Regional Advisory Committee

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**Item 12. LOCAL SDAC ROSTER**

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*Presented by: Aaron Carruthers, Executive Director*

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**Item 13. REVIEW & TAKE ACTION ON LOCAL  
SELF-DETERMINATION ADVISORY COMMITTEE  
APPLICATIONS **

Page 164

- a. Alta of California Regional Center
  - b. Central Valley Regional Center
  - c. East Los Angeles Regional Center
  - d. Frank D. Lanterman Regional Center
  - e. Far Northern Regional Center
  - f. Golden Gate Regional Center
  - g. Harbor Regional Center
  - h. Inland Regional Center
  - i. Kern Regional Center
  - j. North Bay Regional Center
  - k. North Los Angeles County Regional Center
  - l. Regional Center of the East Bay
  - m. Regional Center of Orange County
  - n. Redwood Coast Regional Center
  - o. San Andres Regional Center
  - p. South Central Los Angeles Regional Center
  - q. San Diego Regional Center
  - r. San Gabriel Pomona Regional Center
  - s. Tri-Counties Regional Center
  - t. Valley Mountain Regional Center
  - u. Westside Regional Center
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**Item 14. ADJOURNMENT**

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***Accessibility:***

Pursuant to Government Code Sections 11123.1 and 11125(f) and Executive Order N-29-20, individuals with disabilities who require accessible alternative formats of the agenda and related meeting materials and/or auxiliary aids/services to participate in this meeting should contact (916) 263-7919. Requests must be received by 5 business days prior to the meeting.

*All times indicated and the order of business are approximate and subject to change.*

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April 27, 2021

**AGENDA ITEM 5.**  
**ACTION ITEM**

**STATE COUNCIL ON DEVELOPMENTAL DISABILITIES –**  
**Membership Committee**

***Approval of August 2020 Minutes***

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***Action Recommended***

Approve the August 2020 minutes.

***Attachment(s)***

August 2020 Minutes



**DRAFT**

**Membership Committee Meeting Minutes  
August 28, 2020**

**Attending Members**

Mathew Lagrand (SA)  
Kara Ponton (SA)  
Rosanna Ryan (SA)

**Members Absent**

None

**Others Attending**

Aaron Carruthers  
Sandra Aldana  
Beth Hurn  
Chris Arroyo  
David Grady  
Dena Hernandez  
Lisa Hooks

**Others Attending** (continued)

Mary Ellen Stives  
Robin Maitino-Erben  
Sarah May  
Scarlett vonThenen  
Sheraden Nicholau  
Sonya Bingaman  
Tamica Fooks-Rachal

**1. CALL TO ORDER**

Council Chair Kara Ponton (SA) called the meeting to order at 10:11 AM.

**2. ESTABLISH QUORUM**

A quorum was established.

**3. WELCOME/INTRODUCTIONS**

Members and others introduced themselves as indicated.

**4. PUBLIC COMMENTS**

Sandra Aldana provided public comment and stressed the importance of this Committee and its work to ensure that strong candidates are put forth to the Governor's Office for consideration.

**5. APPROVAL OF THE NOVEMBER 2019 MEETING MINUTES**

It was moved/seconded (Lagrand [SA]/Ponton [SA]) and carried to approve the November 12, 2019 meeting minutes as presented. (Unanimous, see list of attending members on the top of page 1)

**6. DEMOGRAPHIC MAP**

Executive Director Aaron Carruthers reviewed a map showing the current demographic makeup of the Council.

## 7. **APPOINTMENT AND VACANCIES**

Executive Director Carruthers presented the current Appointment and Vacancies Tracking Form to the Committee.

## 8. **APPLICATIONS FOR COUNCIL**

Committee Members discussed 1<sup>st</sup> term expired terms and recommended that the candidate(s) serve a second term. Member then reviewed applications for the three vacant Council seats (two At Large and on Los Angeles Region). Following their review, the Committee took the below action.

It was moved/seconded (Lagrand [SA]/Ryan [SA]) and carried to move applicants 487 and 543 forward to the interview process. (unanimous, see page one for members present.)

It was moved/seconded (Lagrand [SA]/Ryan [SA]) and carried to recommend applicant 302 to the Governor's Office for appointment. (unanimous, see page one for members present.)

Additionally, the Committee requested that applicant 499, 519, 524, 526, 527, 529, 534, 537, 539 and 545 be held for future consideration.

## 9. **UPDATED RAC AND LOCAL SDAC POLICY**

Members reviewed proposed revisions to the RAC policy that incorporate compliance with the Council's zero tolerance policies and considered whether to adopt a similar policy for the Council-appointed Local SDAC members. Following Committee review, members acted to move the recommended policies to the Executive Committee for approval.

It was moved/seconded (Ponton [SA]/Lagrand [SA]) and carried to recommend that the Executive Committee approve the RAC and Local SDAC Policies as presented. (Unanimous, see list of attending members on the top of page 1.)

## 10. **RAC ROSTER**

The current RAC roster was presented to the Committee.

## 11. **REVIEW RAC APPLICATIONS FOR VACANCIES, EXPIRING 1<sup>ST</sup> TERM AND MEMBER PERFORMANCE**

The Committee reviewed both expiring first and second term appointments for the listed regional office Regional Advisory Committees (RACs) as well as applications for vacant seats and to the below action to approve manager's recommendations.

It was moved/seconded (Lagrand [SA]/Ryan [SA]) and carried to adopt the regional manager's recommendations as indicated below. (Unanimous, see list of attending members on the top of page 1)

**North Coast** – Reappoint Hank Smith and Clyde Pomeroy to continue to serve until new applicants can be found.

**North State** – Reappoint Teresa Moshier to a second term. Appoint applicant 517, 530 and 516 to a first term.

**North Bay** – Place applicant 472 on hold.

**Bay Area** - Reappoint Regina Woodliff, Sascha Bittner, Francisco Garcia and Christina Lasson to a second term.

**North Valley Hills** – Reappoint Jayme Florez, Virginia Sanchez and Kerstin Williams to a second term.

**Sequoia** – Reappoint Richard Sour, Susan Wells and Sherry Huggins to a second term. Appoint applicant 509 to a first term.

**Central Coast** – Appoint 521. Reappoint Susy Lindsey Baker, Elisa Lagana and Mary Peito to a second term.

**Los Angeles** – Reappoint Cathay Liu and Alison Cameron Gray.

**Orange County** - Appoint applicant 502 and reappoint Cecilia Mercado to a second term.

**San Bernardino** – Reappoint Christina Christenson-Rockwell and Cynthia Cox to a second term. Allow Douglas Perkins to continue to serve until his seat is filled. Appoint applicant 503.

**San Diego/Imperial** – Reappoint Harvey Goldman, Leticia Galvan, Melissa Cenizo and Marta Leyva to a second term. Appoint applicant 510, 529 and 531 to a first term.

12. **LOCAL SDAC ROSTER**

The current local SDAC roster was presented to the Committee.

13. **REVIEW LOCAL SELF-DETERMINATION ADVISORY COMMITTEE APPLICATIONS (SDAC)**

The Committee reviewed applications for four regional centers and acted to fill SDAC vacancies as indicated below.

It was moved/seconded (Ponton [SA]/Ryan [SA]) and carried to adopt the managers recommendations as follows. (Unanimous, see list of attending members on the top of page 1)

**ELARC:** Applicant 145 hold for future appointment.

**SCLA:** Appoint applicant 159. Removed applicant for violation of attendance policy.

**WRC:** Appoint applicant 148 and hold applicant 160 for future vacancy.

**RCRC:** Appoint applicant 139.

**FNRC:** Appoint applicants 156 and 157.

**VMRC:** Appoint applicants 135, 136, 137 and 138.

**IRC:** Appoint applicant 140.

**SDRC:** Appoint applicant 127.

**CVRC:** Appoint applicant 144.

14. **ADJOURNMENT**

Meeting at adjourned at 12:56 PM.

DRAFT

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**April 27, 2021**

**AGENDA ITEM 6.  
INFORMATIONAL ITEM**

**STATE COUNCIL ON DEVELOPMENTAL DISABILITIES – MEMBERSHIP  
COMMITTEE**

***Demographic Map***

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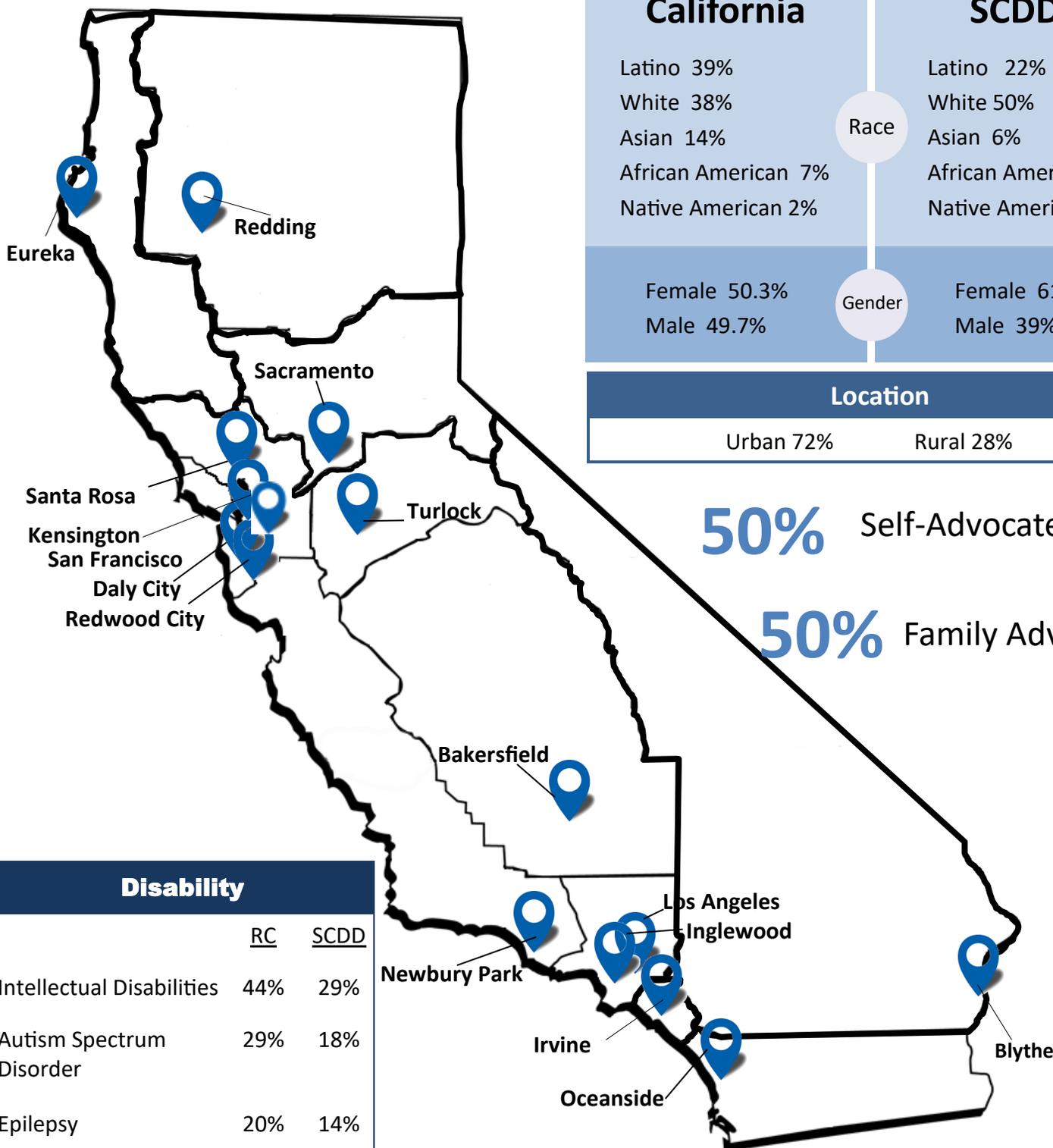
Executive Director Aaron Carruthers will go over the current Council make-up as well as the make-up showing the vacancies.

***Attachment(s)***

Current Demographic Map as of December 2020

# Who Are Our Council Members

Non-Agency  
December 2020



California	SCDD
<b>Race</b> Latino 39% White 38% Asian 14% African American 7% Native American 2%	Latino 22% White 50% Asian 6% African American 17% Native American 6%
<b>Gender</b> Female 50.3% Male 49.7%	Female 61% Male 39%
Location	
Urban 72%	Rural 28%

50% Self-Advocate

50% Family Advocate

Disability	Disability	
	RC	SCDD
Intellectual Disabilities	44%	29%
Autism Spectrum Disorder	29%	18%
Epilepsy	20%	14%
Cerebral Palsy	9%	21%
Other	8%	18%

Note: Map displays SCDD regions

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**April 27, 2021**

**AGENDA ITEM 7.  
INFORMATIONAL ITEM**

**STATE COUNCIL ON DEVELOPMENTAL DISABILITIES – MEMBERSHIP  
COMMITTEE**

***Appointment and Vacancies***

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Executive Director Aaron Carruthers will go over the appointment and vacancy chart in the packet. This chart show Councilmember term limits as well as information on the seat they represent.

***Attachment(s)***  
Appointment and Vacancy Chart

## Appointment and Vacancy Tracking Form

Category	Name	*1st Term Appointment	*2nd Term Appointment	Expiration Date	Expired >60	Expired >120	Sent to G.O.
At Large Institution	Vacant as of April 2020						
At Large 1	Kim Levy Rothschild (family advocate)	6/14/2019		6/14/2022			
At Large 2	Lee Bycel (family advocate)	6/14/2019		6/14/2022			
At Large 3	David Pegos (family advocate)	5/18/2018		5/18/2021			
At Large 4	Wesley Witherspoon (self-advocate)	5/18/2018		5/18/2021			
At Large 5	Jonathan Nelson (family-advocate)	12/2/2020		12/2/2023			
At Large 6	Maria Marquez (self-advocate)	2/8/2017	3/11/2020	3/11/2023			
At Large 7	Nicole Adler (self-advocate)	12/7/2018		12/7/2021			
North Coast Region	Kara Ponton (self-advocate)	6/14/2019		6/14/2022			
North State Region	Rosanna Ryan (self-advocate)	6/14/2019		6/14/2022			

## Appointment and Vacancy Tracking Form

Category	Name	*1st Term Appointment	*2nd Term Appointment	Expiration Date	Expired >60	Expired >120	Sent to G.O.
Sacramento Region	Joyce McNair (family advocate)	6/14/2019		6/14/2022			
North Bay Region	Jeana Eriksen (self-advocate)	2/24/2017	3/11/2020	3/11/2023			
Bay Area Region	Francis Lau (family advocate)	6/22/2015	6/23/2018	6/23/2021			
N. Valley Hills Region	Kilolo Brodie (family advocate)	7/7/2017	12/2/2020	12/2/2023			
Central Coast Region	Sandra Aldana (self-advocate)	3/17/2015	5/18/2018	5/18/2021			
Sequoia Region	Matthew Lagrand (self-advocate)	5/18/2018		5/18/2021			
Los Angeles Region	Vacant as of Jul 2019						
Orange County Region	Karen Millender (family advocate)	6/14/2019		6/14/2022			
San Bernardino Region	Julio Garnica (self-advocate)	7/9/2019		7/9/2022			
San Diego Imperial Region	Julie Austin (parent advocate)	11/18/2016	3/11/2020	3/11/2023			

## Appointment and Vacancy Tracking Form

Category	Name	*1st Term Appointment	*2nd Term Appointment	Expiration Date	Expired >60	Expired >120	Sent to G.O.
Dept. of Rehabilitation	Joe Xavier, Director Cindy Chiu, Designee	Ongoing	Ongoing				
Dept. of Education	Tony Thurmond, Director Nick Wavrin, Designee	Ongoing	Ongoing				
Dept. of Aging	Kim McCoy Wade, Acting Director Joseph Rodrigues, Designee	Ongoing	Ongoing				
CA Health & Human Services Agency	Mark Ghaly, Secretary Marko Mijic, Designee	Ongoing	Ongoing				
Dept. of Developmental Services	Nancy Bargmann, Director Brian Winfield, Designee	Ongoing	Ongoing				
Dept. of Health Care Services	Will Lightbourne, Director Richard Nelson, Designee	Ongoing	Ongoing				
Disability Rights CA	Andy Imparato, Director Sandra Smith, Designee	Ongoing	Ongoing				
University Center for Excellence UCLA	Olivia Raynor, Director Wilbert Francis, Designee	Ongoing	Ongoing				
University Center for Excellence USC	Larry Yin, Director	Ongoing	Ongoing				
University Center for Excellence UCD	Aubyn Stahmer, Director	Ongoing	Ongoing				

## Appointment and Vacancy Tracking Form

Category	Name	*1st Term Appointment	*2nd Term Appointment	Expiration Date	Expired >60	Expired >120	Sent to G.O.
Non-Governmental Agency/Group Concerned with Services to Persons with DD	Julie Neward	12/7/2018		12/7/2021			

**Notes:**

- 1) 3- Year Term
- 2) Appointee can serve two successive terms.
- 3) Continues to serve until appointment of replacement is done.
- 4) Of the 20 non-agency members, at least 7 are people with DD and at least 7 are parent, family member, guardian or conservator of someone with DD residing in CA. All 20 must fall into one category or the other.

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April 27, 2021

**AGENDA ITEM 8.**

**ACTION ITEM**

**STATE COUNCIL ON DEVELOPMENTAL DISABILITIES – MEMBERSHIP COMMITTEE**

***Applications for Council***

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Members will review and make recommendations on applications to fill the vacant At Large Institution, Los Angeles Region seats, expiring 1<sup>st</sup> terms and expiring 2<sup>nd</sup> term seats.

***Recommendation***

Move selected applicants forward to the interview process.

***Attachment(s)***

Applications for the Following Seats Through Number 612

- At Large – Institution
- Los Angeles Region
- Bay Area Region
- Central Coast Region

# **AT-LARGE INSTITUTION APPLICATIONS**

## Redacted Membership Application

### **MM-610**

Name: REDACTED

Address: REDACTED

County of Residence: **Los Angeles**

Email : REDACTED

Phone: REDACTED

Race: Asian

I am a: parent, family member, legal guardian or conservator of a person with a developmental disability

**Are you currently employed by, or a member of the governing board of an organization providing services to persons with developmental disabilities?:**

No

**Are you a member of a nongovernmental agency that does not receive regional center funding?**

No

**Do you want to serve on the State Council:** Yes, I want to apply to serve on the State Council

**Do you want to serve on a Regional Advisory Committee:**

**How did your interest in, or knowledge of, the developmental disability field and service system develop?:**

I have two (2) sons who are IDD.

**What are your areas of interest in the developmental disability field and service system?:**

I am interested in assuring the system meets the diverse needs of all people served by SCDD, and also interested in promoting the application of best practices by law enforcement when responding to people with IDD who are in crisis.

**Please explain why you wish to serve on the State Council on Developmental Disabilities, or on one of its Regional Advisory Committees:**

I have served on the LA RAC for the past decade and it has been my privilege to do everything I could to assure an effective transition, but I will make an even greater contribution to our community by serving on SCDD.

**What strengths would you bring to the State Council and/or Regional Advisory Committee?:**

I am skilled both in building consensus through the identification of shared goals and in facilitating

discussions and problem solving that culminate in effective resolutions.

# **LOS ANGELES REGION APPLICATIONS**

## Redacted Membership Application

### **MM-556**

Name: REDACTED

Address: REDACTED

County of Residence: **CA**

Email : REDACTED

Phone: REDACTED

Race: Hispanic or Latino, White

I am a: parent, family member, legal guardian or conservator of a person with a developmental disability

**Are you currently employed by, or a member of the governing board of an organization providing services to persons with developmental disabilities?:**

No

**Are you a member of a nongovernmental agency that does not receive regional center funding?**

Yes

**Do you want to serve on the State Council:** Yes, I want to apply to serve on the State Council

**Do you want to serve on a Regional Advisory Committee:** Yes, I want to apply to serve on the Regional Advisory Committee

**How did your interest in, or knowledge of, the developmental disability field and service system develop?:**

My only son was diagnosed with developmental disability after 3 years of diagnosed with depression. Everyone missed it because he is verbal and academically gifted. So, I am able to contribute my personal experience yet this is relatively a new diagnosis.

**What are your areas of interest in the developmental disability field and service system?:**

I am relatively new to this but I have a strong background in disabilities in general and Work Force Development with quality assurance.

**Please explain why you wish to serve on the State Council on Developmental Disabilities, or on one of its Regional Advisory Committees:**

I am the parent of a teenager who was diagnosed at 14 one month away from 15. Yet, we all struggle with it sign and symptoms since he was little we just didn't know what to call it. It was intense in 7th grade to the point of multiple hospitalizations. If I could do 1 thing so other people don't go thru the hell my family went, I would like to do so. My education as a register nurse and my work experience as a

disability coordinator trained by city of Los Angeles WIOA program ground me to see this at a different level that just only as parent.

**What strengths would you bring to the State Council and/or Regional Advisory Committee?:**

I am attentive to detail as my previous work of escrow officer assistant of 10 year., I have been trained by EEO compliance by the city of Los Angeles WIOA program. I am also a resourceful parent of a child with autism. I know the challenges and the resources.

## Redacted Membership Application

**MM-560**

Name: REDACTED

Address: REDACTED

County of Residence: **Los angeles**

Email : REDACTED

Phone: REDACTED

Race: Hispanic or Latino

I am a: parent, family member, legal guardian or conservator of a person with a developmental disability

**Are you currently employed by, or a member of the governing board of an organization providing services to persons with developmental disabilities?:**

No

**Are you a member of a nongovernmental agency that does not receive regional center funding?**

No

**Do you want to serve on the State Council:** Yes, I want to apply to serve on the State Council

**Do you want to serve on a Regional Advisory Committee:** Yes, I want to apply to serve on the Regional Advisory Committee

**How did your interest in, or knowledge of, the developmental disability field and service system develop?:**

Haven kids special needs

**What are your areas of interest in the developmental disability field and service system?:**

Especial educacion

**Please explain why you wish to serve on the State Council on Developmental Disabilities, or on one of its Regional Advisory Committees:**

Support parent

**What strengths would you bring to the State Council and/or Regional Advisory Committee?:**

Orange

## Redacted Membership Application

**MM-562**

Name: REDACTED

Address: REDACTED

County of Residence: **California**

Email : REDACTED

Phone: REDACTED

Race: disabled

I am a: person with a developmental disability

**Are you currently employed by, or a member of the governing board of an organization providing services to persons with developmental disabilities?:**

No

**Are you a member of a nongovernmental agency that does not receive regional center funding?**

No

**Do you want to serve on the State Council:** Yes, I want to apply to serve on the State Council

**Do you want to serve on a Regional Advisory Committee:** Yes, I want to apply to serve on the Regional Advisory Committee

**How did your interest in, or knowledge of, the developmental disability field and service system develop?:**

People First

**What are your areas of interest in the developmental disability field and service system?:**

Housing, Treating civilians and giving them their rights to broaden self-determination

**Please explain why you wish to serve on the State Council on Developmental Disabilities, or on one of its Regional Advisory Committees:**

It is about the system it is about love of the the work our civilians +clients, participants.

**What strengths would you bring to the State Council and/or Regional Advisory Committee?:**

make it better participants get employed +strengthen self-determination

## Redacted Membership Application

**MM-569**

Name: REDACTED

Address: REDACTED

County of Residence: **California**

Email : REDACTED

Phone: REDACTED

Race: Hispanic or Latino

I am a: parent, family member, legal guardian or conservator of a person with a developmental disability

**Are you currently employed by, or a member of the governing board of an organization providing services to persons with developmental disabilities?:**

Yes

**Are you a member of a nongovernmental agency that does not receive regional center funding?**

Yes

**Do you want to serve on the State Council:** Yes, I want to apply to serve on the State Council

**Do you want to serve on a Regional Advisory Committee:** Yes, I want to apply to serve on the Regional Advisory Committee

**How did your interest in, or knowledge of, the developmental disability field and service system develop?:**

Interest in

**What are your areas of interest in the developmental disability field and service system?:**

Developmental Disability

**Please explain why you wish to serve on the State Council on Developmental Disabilities, or on one of its Regional Advisory Committees:**

Developmental Disabilities

**What strengths would you bring to the State Council and/or Regional Advisory Committee?:**

State Council

## Redacted Membership Application

**MM-579**

Name: REDACTED

Address: REDACTED

County of Residence: **CA**

Email : REDACTED

Phone: REDACTED

Race: Hispanic or Latino

I am a: parent, family member, legal guardian or conservator of a person with a developmental disability

**Are you currently employed by, or a member of the governing board of an organization providing services to persons with developmental disabilities?:**

Yes

**Are you a member of a nongovernmental agency that does not receive regional center funding?**

No

**Do you want to serve on the State Council:** Yes, I want to apply to serve on the State Council

**Do you want to serve on a Regional Advisory Committee:** Yes, I want to apply to serve on the Regional Advisory Committee

**How did your interest in, or knowledge of, the developmental disability field and service system develop?:**

I have family members with developmental disabilities and grew up seeing their needs and resources change over the years.

**What are your areas of interest in the developmental disability field and service system?:**

Family resources, community access, health services access, transportation accessibility, enrichment opportunities, and marriage equality.

**Please explain why you wish to serve on the State Council on Developmental Disabilities, or on one of its Regional Advisory Committees:**

I want to learn more about how the state is serving people with developmental disabilities and help raise concerns about current and future accessibility issues.

**What strengths would you bring to the State Council and/or Regional Advisory Committee?:**

My experience as a family member and care giver of someone with a developmental disability and as an

employee of an organization that serves people with developmental disabilities, and has organized monthly, accessible community events for people with developmental disabilities across Los Angeles. My ability to listen to people from different points of view, and learn to adjust as well.

## Redacted Membership Application

**MM-582**

Name: REDACTED

Address: REDACTED

County of Residence: **Los Angeles**

Email : REDACTED

Phone: REDACTED

Race: White

I am a: parent, family member, legal guardian or conservator of a person with a developmental disability

**Are you currently employed by, or a member of the governing board of an organization providing services to persons with developmental disabilities?:**

No

**Are you a member of a nongovernmental agency that does not receive regional center funding?**

No

**Do you want to serve on the State Council:** Yes, I want to apply to serve on the State Council

**Do you want to serve on a Regional Advisory Committee:** Yes, I want to apply to serve on the Regional Advisory Committee

**How did your interest in, or knowledge of, the developmental disability field and service system develop?:**

After years of seeking answers, I finally discovered that my two sons have a Fetal Alcohol Spectrum Disorder (FASD). FASD results from prenatal exposure to alcohol which causes a range of life-time disabilities, including lower IQs, memory problems, learning disabilities, and physical issues (visual, hearing, joints, heart, etc.). This condition affects one in 20. It is a physical disability caused prior to birth that one does not grow out of.

**What are your areas of interest in the developmental disability field and service system?:**

I am President of a FASD nonprofit caregiver support and advocacy group in Southern California where we also provide trainings and sponsor workshops. My interest is in bringing the awareness to FASD that it deserves. It is a developmental disability that affects 1 in 20, but less than 10% of those are diagnosed. There is a woeful lack of diagnostic capacity in California, and therefore little awareness and practically no services that are specifically tailored to the needs of one with a FASD. My goal is, at a minimum, to have those with FASD be eligible for existing services. Much more training of professionals across all systems of service is needed before the expansion of FASD-informed systems can be obtained, which is

my ultimate goal.

**Please explain why you wish to serve on the State Council on Developmental Disabilities, or on one of its Regional Advisory Committees:**

The State Council on Developmental Disabilities appears to have a lack of knowledge and understanding about FASD as a Developmental Disability. My presence would help to create awareness of the disability, get recognition of the need for appropriate services for individuals with FASD and their families, and find ways to provide the appropriate supports for those with FASD.

**What strengths would you bring to the State Council and/or Regional Advisory Committee?:**

I left a high level career in financial investing early to care for my two boys as we were not getting answers to their needs. I was instrumental in forming our informal caregiver group into a 501(c)(3) nonprofit in 2014 and initially served as Treasurer and Secretary. I am also on the CDE's Student Mental Health Policy Workgroup. I have a Masters in Management from the Kellogg Graduate School of Management of Northwestern University in Chicago and hold a Chartered Financial Analyst certificate. My strengths are in finance, research, teamwork, leadership, presenting, organization, and a deep knowledge and lived experience of FASD. FASD is too numerous and costly (to society, family, and the individual) a developmental disability to be ignored.

## Redacted Membership Application

**MM-596**

Name: REDACTED

Address: REDACTED

County of Residence: **Los Angeles**

Email : REDACTED

Phone: REDACTED

Race: Hispanic or Latino

I am a: parent, family member, legal guardian or conservator of a person with a developmental disability

**Are you currently employed by, or a member of the governing board of an organization providing services to persons with developmental disabilities?:**

Yes

**Are you a member of a nongovernmental agency that does not receive regional center funding?**

No

**Do you want to serve on the State Council:** Yes, I want to apply to serve on the State Council

**Do you want to serve on a Regional Advisory Committee:** Yes, I want to apply to serve on the Regional Advisory Committee

**How did your interest in, or knowledge of, the developmental disability field and service system develop?:**

My Disabled Adult Son

**What are your areas of interest in the developmental disability field and service system?:**

Help With Other State Agency's

**Please explain why you wish to serve on the State Council on Developmental Disabilities, or on one of its Regional Advisory Committees:**

To assure that all person with Disabilities are treated Fairly.

**What strengths would you bring to the State Council and/or Regional Advisory Committee?:**

Jesus Christ.

## Redacted Membership Application

### **MM-602**

Name: REDACTED

Address: REDACTED

County of Residence: **Los Angeles**

Email : REDACTED

Phone: REDACTED

Race: Hispanic or Latino

I am a: person with a developmental disability

**Are you currently employed by, or a member of the governing board of an organization providing services to persons with developmental disabilities?:**

Yes

**Are you a member of a nongovernmental agency that does not receive regional center funding?**

No

**Do you want to serve on the State Council:** Yes, I want to apply to serve on the State Council

**Do you want to serve on a Regional Advisory Committee:** Yes, I want to apply to serve on the Regional Advisory Committee

**How did your interest in, or knowledge of, the developmental disability field and service system develop?:**

I served in the board of directors of westside regional center and I have been a self advocate for over 30 years for Disability Rights in services and access to healthcare.

**What are your areas of interest in the developmental disability field and service system?:**

Healthcare access, youth to transition, and the future of SDM in California and specifically in the area on the logistics of the COVID-19 vaccine.

**Please explain why you wish to serve on the State Council on Developmental Disabilities, or on one of its Regional Advisory Committees:**

I want to advocate for the clients who can not speak for themselves.

**What strengths would you bring to the State Council and/or Regional Advisory Committee?:**

Years of experience of leadership in boards, self advocate, and I have worked in workforce development, civil service employee, and I am a former State Appointee to the SILC.

## Redacted Membership Application

### **MM-610**

Name: REDACTED

Address: REDACTED

County of Residence: **Los Angeles**

Email : REDACTED

Phone: REDACTED

Race: Asian

I am a: parent, family member, legal guardian or conservator of a person with a developmental disability

**Are you currently employed by, or a member of the governing board of an organization providing services to persons with developmental disabilities?:**

No

**Are you a member of a nongovernmental agency that does not receive regional center funding?**

No

**Do you want to serve on the State Council:** Yes, I want to apply to serve on the State Council

**Do you want to serve on a Regional Advisory Committee:**

**How did your interest in, or knowledge of, the developmental disability field and service system develop?:**

I have two (2) sons who are IDD.

**What are your areas of interest in the developmental disability field and service system?:**

I am interested in assuring the system meets the diverse needs of all people served by SCDD, and also interested in promoting the application of best practices by law enforcement when responding to people with IDD who are in crisis.

**Please explain why you wish to serve on the State Council on Developmental Disabilities, or on one of its Regional Advisory Committees:**

I have served on the LA RAC for the past decade and it has been my privilege to do everything I could to assure an effective transition, but I will make an even greater contribution to our community by serving on SCDD.

**What strengths would you bring to the State Council and/or Regional Advisory Committee?:**

I am skilled both in building consensus through the identification of shared goals and in facilitating

discussions and problem solving that culminate in effective resolutions.

## Redacted Membership Application

### **MM-612**

Name: REDACTED

Address: REDACTED

County of Residence: **LA**

Email : REDACTED

Phone: REDACTED

Race: Asian

I am a: parent, family member, legal guardian or conservator of a person with a developmental disability

**Are you currently employed by, or a member of the governing board of an organization providing services to persons with developmental disabilities?:**

No

**Are you a member of a nongovernmental agency that does not receive regional center funding?**

No

**Do you want to serve on the State Council:** Yes, I want to apply to serve on the State Council

**Do you want to serve on a Regional Advisory Committee:**

**How did your interest in, or knowledge of, the developmental disability field and service system develop?:**

I have a daughter and a son with ELARC. I also work with families served by the RC.

**What are your areas of interest in the developmental disability field and service system?:**

Employment and independent living

**Please explain why you wish to serve on the State Council on Developmental Disabilities, or on one of its Regional Advisory Committees:**

Asian families are under served in the current system. I would like to help bring services and support in the community to Asian families.

**What strengths would you bring to the State Council and/or Regional Advisory Committee?:**

Knowledge of the Chinese families and services and support available in the community.

**BAY AREA  
REGION  
APPLICATIONS**

## Redacted Membership Application

### **MM-555**

Name: REDACTED

Address: REDACTED

County of Residence: **Alameda**

Email : REDACTED

Phone: REDACTED

Race: American Indian/Native Alaskan, White

I am a: person with a developmental disability

**Are you currently employed by, or a member of the governing board of an organization providing services to persons with developmental disabilities?:**

No

**Are you a member of a nongovernmental agency that does not receive regional center funding?**

No

**Do you want to serve on the State Council:** Yes, I want to apply to serve on the State Council

**Do you want to serve on a Regional Advisory Committee:** Yes, I want to apply to serve on the Regional Advisory Committee

**How did your interest in, or knowledge of, the developmental disability field and service system develop?:**

i been to some meetings

**What are your areas of interest in the developmental disability field and service system?:**

i have cerebral palsy, and i can help other people like me

**Please explain why you wish to serve on the State Council on Developmental Disabilities, or on one of its Regional Advisory Committees:**

i am on many committees, and i feel i can use all my knowledge for this great committee to make it better

**What strengths would you bring to the State Council and/or Regional Advisory Committee?:**

i am a great and caring listener

## Redacted Membership Application

**MM-559**

Name: REDACTED

Address: REDACTED

County of Residence: **No**

Email : REDACTED

Phone: REDACTED

Race: White

I am a: person with a developmental disability

**Are you currently employed by, or a member of the governing board of an organization providing services to persons with developmental disabilities?:**

Yes

**Are you a member of a nongovernmental agency that does not receive regional center funding?**

Yes

**Do you want to serve on the State Council:** Yes, I want to apply to serve on the State Council

**Do you want to serve on a Regional Advisory Committee:** Yes, I want to apply to serve on the Regional Advisory Committee

**How did your interest in, or knowledge of, the developmental disability field and service system develop?:**

No

**What are your areas of interest in the developmental disability field and service system?:**

No

**Please explain why you wish to serve on the State Council on Developmental Disabilities, or on one of its Regional Advisory Committees:**

No

**What strengths would you bring to the State Council and/or Regional Advisory Committee?:**

No

## Redacted Membership Application

### **MM-570**

Name: REDACTED

Address: REDACTED

County of Residence: **Contra Costa County**

Email : REDACTED

Phone: REDACTED

Race: African- American

I am a: parent, family member, legal guardian or conservator of a person with a developmental disability, representative of the general public

**Are you currently employed by, or a member of the governing board of an organization providing services to persons with developmental disabilities?:**

No

**Are you a member of a nongovernmental agency that does not receive regional center funding?**

No

**Do you want to serve on the State Council:** Yes, I want to apply to serve on the State Council

**Do you want to serve on a Regional Advisory Committee:** Yes, I want to apply to serve on the Regional Advisory Committee

**How did your interest in, or knowledge of, the developmental disability field and service system develop?:**

I was on a zoom "Community Conversation" yesterday. I had no idea this board exist.

**What are your areas of interest in the developmental disability field and service system?:**

Independent living, housing and jobs

**Please explain why you wish to serve on the State Council on Developmental Disabilities, or on one of its Regional Advisory Committees:**

I would like to be a part of helping inform the reality of a person living with Disabilities

**What strengths would you bring to the State Council and/or Regional Advisory Committee?:**

I have been a trainer in mental health for over 20 years, I know how to find jobs for people with disabilities

## Redacted Membership Application

### **MM-575**

Name: REDACTED

Address: REDACTED

County of Residence: **Contra Costa**

Email : REDACTED

Phone: REDACTED

Race: White

I am a: parent, family member, legal guardian or conservator of a person with a developmental disability

**Are you currently employed by, or a member of the governing board of an organization providing services to persons with developmental disabilities?:**

No

**Are you a member of a nongovernmental agency that does not receive regional center funding?**

No

**Do you want to serve on the State Council:** Yes, I want to apply to serve on the State Council

**Do you want to serve on a Regional Advisory Committee:** Yes, I want to apply to serve on the Regional Advisory Committee

**How did your interest in, or knowledge of, the developmental disability field and service system develop?:**

I am a parent of an adult with a developmental disability, former member of the DD Council, Contra Costa County, and president of a disability advocacy group in Northern California. I am also a speech-language pathologist and have worked in special education for over 30 years.

**What are your areas of interest in the developmental disability field and service system?:**

My area of interest in the developmental disability field is in eligibility for services, specifically for disabilities that are of lower incidence or for those for whom there is limited recognition. I am also interested in how individuals with developmental disability are served across systems of care in California and how to better coordinate care and develop training for providers across those systems

**Please explain why you wish to serve on the State Council on Developmental Disabilities, or on one of its Regional Advisory Committees:**

As an advocate for developmental disability and someone who works with parents I wish to broaden my involvement to the state council. I have served on a county council and wish to bring my expertise and

interest to the state council. As a parent, advocate and professional, I am interested in all developmental disabilities and the issue of improving recognition and services for affected people. I have a specific interest in those disabilities that have lower incidence or which often go unrecognized. I have a daughter who has Fetal Alcohol Syndrome and I am trained in this disability. FASD is just one example of a developmental disability which may not be recognized, diagnosed or treated, which significant impact on affected people, their families and community.

**What strengths would you bring to the State Council and/or Regional Advisory Committee?:**

I have worked as an advocate in the area of developmental disabilities for many years, both as a parent and professional for many years. I have served on the DD Council for my local county and on the mental health commission for my county as well. I am well aware of difficulties for persons with developmental disability experience in systems of care outside of the Regional Center or special education, including mental health and DOR. I can bring my experience and expertise from serving on other boards. I am a good listener, articulate, organized and articulate.

## Redacted Membership Application

**MM-576**

Name: REDACTED

Address: REDACTED

County of Residence: **Contra Costa County**

Email : REDACTED

Phone: REDACTED

Race: White

I am a: parent, family member, legal guardian or conservator of a person with a developmental disability

**Are you currently employed by, or a member of the governing board of an organization providing services to persons with developmental disabilities?:**

No

**Are you a member of a nongovernmental agency that does not receive regional center funding?**

No

**Do you want to serve on the State Council:** Yes, I want to apply to serve on the State Council

**Do you want to serve on a Regional Advisory Committee:** Yes, I want to apply to serve on the Regional Advisory Committee

**How did your interest in, or knowledge of, the developmental disability field and service system develop?:**

By raising my 44 years old developmentaly delayed son .

**What are your areas of interest in the developmental disability field and service system?:**

Their daily needs and integrity .

**Please explain why you wish to serve on the State Council on Developmental Disabilities, or on one of its Regional Advisory Committees:**

As a single mother of an intellectual person we have been through a lots of difficulty ,I wish I can serve those individuals and their family.

**What strengths would you bring to the State Council and/or Regional Advisory Committee?:**

I will put all my energy to do whatever it takes to make their life easier.

## Redacted Membership Application

**MM-583**

Name: REDACTED

Address: REDACTED

County of Residence: **Contra Costa**

Email : REDACTED

Phone: REDACTED

Race: Asian

I am a: parent, family member, legal guardian or conservator of a person with a developmental disability

**Are you currently employed by, or a member of the governing board of an organization providing services to persons with developmental disabilities?:**

No

**Are you a member of a nongovernmental agency that does not receive regional center funding?**

No

**Do you want to serve on the State Council:** Yes, I want to apply to serve on the State Council

**Do you want to serve on a Regional Advisory Committee:** Yes, I want to apply to serve on the Regional Advisory Committee

**How did your interest in, or knowledge of, the developmental disability field and service system develop?:**

Because my daughter is a autistic

**What are your areas of interest in the developmental disability field and service system?:**

Bay Area

**Please explain why you wish to serve on the State Council on Developmental Disabilities, or on one of its Regional Advisory Committees:**

I wanna help kids with special needs,just like my daughter

**What strengths would you bring to the State Council and/or Regional Advisory Committee?:**

I can do what ever they want me to do

# **CENTRAL COAST REGION APPLICATIONS**

## Redacted Membership Application

**MM-558**

Name: REDACTED

Address: REDACTED

County of Residence: **Santa Clara**

Email : REDACTED

Phone: REDACTED

Race: White

I am a: person with a developmental disability

**Are you currently employed by, or a member of the governing board of an organization providing services to persons with developmental disabilities?:**

Yes

**Are you a member of a nongovernmental agency that does not receive regional center funding?**

No

**Do you want to serve on the State Council:** Yes, I want to apply to serve on the State Council

**Do you want to serve on a Regional Advisory Committee:**

**How did your interest in, or knowledge of, the developmental disability field and service system develop?:**

I am currently on the Board of the Silicon Valley Independant Living Center, the Committee for Transportation Mobility and Accessability, and the voting Accessability advisory committee. All my experience is with helping and speaking up for people with all kinds of disabilities. I met and have been working with David Grady for 6 months.

**What are your areas of interest in the developmental disability field and service system?:**

After 25 years at The Silicon Valley Independant Living Center, I have learned to be a strong advocate for people with all kinds of disabilities. Before being on the board, I was a client of the Center. They taught me Independant living skills so now I have been living on my own for 25 years. I would like to continue my advocacy work and help more people with develop mental disabilities realize their strength and potential.

**Please explain why you wish to serve on the State Council on Developmental Disabilities, or on one of its Regional Advisory Committees:**

I wish to serve on the State Council on Developmental Disabilities because Its important to have the

voices of the disability community heard and respected. Everyone deserves a life where they can fully participate in what happens in their own lives.

**What strengths would you bring to the State Council and/or Regional Advisory Committee?:**

I am not only a strong communicator who works well with people, but, am good at problem solving. I have gone to Sacramento for Disability Capital Action Day to speak to any number of staff, including assemblymen and senators for the last 20 years, pre COVID. With all my experience, all ready in the disability community, I would be a great candidate for the position on the State Council.

## Redacted Membership Application

**MM-573**

Name: REDACTED

Address: REDACTED

County of Residence: **CA**

Email : REDACTED

Phone: REDACTED

Race: Hispanic or Latino

I am a: parent, family member, legal guardian or conservator of a person with a developmental disability

**Are you currently employed by, or a member of the governing board of an organization providing services to persons with developmental disabilities?:**

No

**Are you a member of a nongovernmental agency that does not receive regional center funding?**

No

**Do you want to serve on the State Council:** Yes, I want to apply to serve on the State Council

**Do you want to serve on a Regional Advisory Committee:** Yes, I want to apply to serve on the Regional Advisory Committee

**How did your interest in, or knowledge of, the developmental disability field and service system develop?:**

I am the mother of a child with multiple developmental disabilities and that has given me perspective regarding the importance of knowing about the services needed to support people with disabilities. As an advocate, I have been very aware to educate and help parents understand the need to access those services.

**What are your areas of interest in the developmental disability field and service system?:**

advocacy, policy making, education, minority inclusion, and cultural awareness

**Please explain why you wish to serve on the State Council on Developmental Disabilities, or on one of its Regional Advisory Committees:**

I wish to serve on the State Council on Developmental Disabilities because as a mother, advocate, and UC Davis MIND LEND trainee, I have compiled resources and experiences to really understand the level of disadvantage that minorities (like the latino, Spanish only population which I work closely with) undergo for the mere reason of not having access to information, either because of the language limitations or

(and) the lack of understanding of the cultural elements that are involved in getting, accessing, and receiving services.

**What strengths would you bring to the State Council and/or Regional Advisory Committee?:**

I am an experienced bilingual classroom teacher, instructional coach, English Language Development PD and curriculum developer which gives me a very clear vision about education. Also, having worked all my professional life with disadvantaged population has given me perspective regarding what they are able and unable to access (sometimes even if sometimes is available). Educating and advocating for parents of children with DDs in the past years has given me the opportunity to see how when besides telling about resources the access and the guidance is given, there is a greater chance of success. Additionally, being a LEND trainee at the MIND institute has given me innumerable tools when it comes to understanding the science, the processes, and the policies that many parents of children with disabilities are unaware of and that would be a game changer in their lives and the lives of their children.

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**April 27, 2021**

**AGENDA ITEM 9.  
INFORMATIONAL ITEM**

**STATE COUNCIL ON DEVELOPMENTAL DISABILITIES – MEMBERSHIP  
COMMITTEE**

***Regional Advisory Committee (RAC) Roster***

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Members will be provided the most recent RAC roster in order to review vacancies and upcoming expiring terms.

***Attachments***

RAC Roster

**Regional Advisory Committee  
Membership Roster (updated 12/02/2019)**

<b>NCRO RAC 12 MEMBERS</b>					
<b>First Name</b>	<b>Last Name</b>	<b>Status</b>	<b>Race</b>	<b>County</b>	<b>Expiration Date</b>
Hank	Smith	FA	White	Lake	7/19/2022
Clyde	Pomeroy	SA		Humboldt	7/19/2022
Debra	Ponton	FA	White	Humboldt	1/14/2022
Cathy	Lawrence	Public	White	Mendocino	1/14/2022
Nathaniel	Florez	SA	White/Hispanic	Mendocino	1/14/2022

<b>NSRO RAC 11 MEMBERS</b>					
<b>First Name</b>	<b>Last Name</b>	<b>Status</b>	<b>Race</b>	<b>County</b>	<b>Expiration Date</b>
Stephen	Concklin	FA	White	Siskiyou	4/19/2022
Delia	Rios	FA	Hispanic	Shasta	4/19/2022
Teresa	Moshier	SA	White	Butte	3/6/2023
Marcia	Cracker	FA	White	Butte	5/7/2022
Thomas	Cox	CA	White	Glenn	5/7/2022
Ryan	Duncanwood	SA	African Am.	Shasta	8/28/2023
Charles	Nutt	SA	White	Butte	8/28/2023
Misty	Brooks	FA	White	Shasta	8/28/2023

<b>SACRO RAC 15 MEMBERS</b>					
<b>First Name</b>	<b>Last Name</b>	<b>Status</b>	<b>Race</b>	<b>County</b>	<b>Expiration Date</b>
Tyson	Whitman	SA	White	Sacramento	4/19/2022
Karen	Mulvany	FA	White	El Dorado	4/19/2022
Christine	Hickey	FA	White	Sutter	4/19/2022
Nancy	Esparza	SA	Hispanic	Sacramento	4/19/2022
Brandy	Boyd	FA	Asian/White	Sacramento	4/19/2022
Elaine	Linn	FA	White	Sacramento	12/5/2020
Jesana	Tran	FA	Hispanic	Sutter	12/5/2020
Donnell	Kenworthy	FA	White	Yolo	8/28/2021
Glenda	Servantes	FA	Hispanic	Yuba	1/30/2021
Kidada	Medina	FA	Hispanic, African Am, E. I	Sacramento	11/12/2022

<b>NBRO RAC 15 MEMBERS</b>					
<b>First Name</b>	<b>Last Name</b>	<b>Status</b>	<b>Race</b>	<b>County</b>	<b>Expiration Date</b>
Chen	Curtiss	SA	Asian/African Am.	Solano	4/19/2022
Ellen	Sweigert	SA	White	Napa	4/19/2022
Sonia	Jones	SA	African Am.	Solano	4/19/2022
Maria	Avina	FA	Hispanic	Sonoma	4/19/2022
Ana	Uribe	FA	Hispanic	Solano	4/19/2022
Daphne	Dunstan	FA	Asian	Solano	4/19/2022
Angela	Zamora	FA	Hispanic	Solano	4/19/2022
Arletha	Angeles	FA	Asian	Solano	4/19/2022
Zoe	Bartholomew	CA	African Am.	Solano	4/19/2022
Donna	Martinez	FA	White	Sonoma	1/14/2022
Bobby	Craig	FA	White	Solano	11/12/2022

<b>BARO RAC 15 MEMBERS</b>					
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**Regional Advisory Committee  
Membership Roster (updated 12/02/2019)**

<b>First Name</b>	<b>Last Name</b>	<b>Status</b>	<b>Race</b>	<b>County</b>	<b>Expiration Date</b>
Dianne	Millner	FA	African Am	Alameda	7/19/2022
Pamela	Perls	FA	White	Contra Costa	7/19/2022
Regina	Woodliff	SA	White	Contra Costa	3/6/2023
Sascha	Bittner	SA	White	San Francisco	3/6/2023
Francisco	Garcia	FA	Hispanic	Alameda	3/6/2023
Christina	Lasson	SA	White	Alameda	12/5/2020
Catherine	Rauch	FA	White	Alameda	10/6/2022
John	Marble	SA	White	San Francisco	8/28/2021
Elizabeth	Grigsby	SA	African Am	San Francisco	8/28/2021
Janet	Miller	FA	White	Marin	8/28/2021
Marla	Silversmith	FA	White	Alameda	1/14/2022

**NVHRO RAC 9-11 MEMBERS**

<b>First Name</b>	<b>Last Name</b>	<b>Status</b>	<b>Race</b>	<b>County</b>	<b>Expiration Date</b>
Gary	Del Nero	FA	White	Stanislaus	7/19/2022
Amy	Terra	CA	Hispanic	San Joaquin	7/19/2022
Eric	Ybarra	SA	Hispanic	San Joaquin	7/19/2022
Karen	Andersen	CA	White	San Joaquin	7/19/2022
Arthur	Valdez	FA	Hispanic	San Joaquin	7/19/2022
Crystal	Enyeart	SA	White	Amador	7/19/2022
Jayme	Flores	SA	AI, Asian, Hispanic	Tuolumne	3/6/2023
Virginia	Sanchez	FA	Hispanic	San Joaquin	3/6/2023
Kerstin	Williams	SA	African-American	San Joaquin	3/6/2023
Janine	Schumann	FA	White	Calveras	1/14/2022

**SEQRO RAC 11 MEMBERS**

<b>First Name</b>	<b>Last Name</b>	<b>Status</b>	<b>Race</b>	<b>County</b>	<b>Expiration Date</b>
Loretta	Milne	FA	White	Mariposa	4/19/2022
Richard	Sowers	CA	White	Fresno	3/6/2023
Susan	Wells	CA	White	Kern	3/6/2023
Sherry	Huggins	FA	African American	Fresno	3/6/2023
Rebecca	Donabed	SA	White	Tulare	8/28/2021
Michael	Esquibel	SA	Hispanic	Tulare	11/12/2022
Thao	Tran	FA	Asian	Fresno	11/12/2022
Carrie	Arnst	FA	White	Madera	8/28/2023

**CCRO RAC 15 MEMBERS**

<b>First Name</b>	<b>Last Name</b>	<b>Status</b>	<b>Race</b>	<b>County</b>	<b>Expiration Date</b>
Susan Lindsey	Baker	FA	White	Santa Barbara	3/6/2023
Elisa	Lagana	FA	White	Monterey	3/6/2023
Mary	Peitso	FA	White	Monterey	3/6/2023
David	Forderer	SA	White	Santa Clara	8/28/2021
Kathy	Tanner	FA	White	Monterey	8/28/2021
Jonathan	Gush	Public	White	Ventura	11/12/2022
Sigrid	Bremer	SA	White	Ventura	11/12/2022
Michelle	Padilla	SA	White	Ventura	11/12/2022

**Regional Advisory Committee  
Membership Roster (updated 12/02/2019)**

Kavita            Sreedhar            FA            Asian            Santa Clara            8/28/2023

<b>LARO RAC 15 MEMBERS</b>					
<b>First Name</b>	<b>Last Name</b>	<b>Status</b>	<b>Race</b>	<b>County</b>	<b>Expiration Date</b>
Miriam	Kang	FA	White	Los Angeles	7/19/2022
Harold	Fujita	FA	Asian	Los Angeles	7/19/2022
Alnita	Dunn	CA	African Am	Los Angeles	7/19/2022
Ellen	Jannol	FA	White	Los Angeles	7/19/2022
Julie	Gaona	SA	White	Los Angeles	7/19/2022
Cathay	Liu	FA	Asian	Los Angeles	3/6/2023
Allison	Cameron Gray	SA	White	Los Angeles	3/6/2023
Anahid	Kademian	FA	Armenian	Los Angeles	8/28/2021
Margaret	Barcelo	SA	Hispanic	Los Angeles	1/14/2022
Kathleen	Barajas	SA	Hispanic	Los Angeles	1/14/2022

<b>OCRO RAC 12 MEMBERS</b>					
<b>First Name</b>	<b>Last Name</b>	<b>Status</b>	<b>Race</b>	<b>County</b>	<b>Expiration Date</b>
Karen	Millender	FA	White	Orange	7/19/2022
Rev. Dawn	Anderson Booth	FA	White	Orange	7/19/2022
Hyun	Park	CA	Asian/Hispanic	Orange	7/19/2022
Ann	McClellan	SA	White	Orange	7/19/2022
Kyle	Minnis	SA	White	Orange	7/19/2022
Rachel	Osterbach	SA	White	Orange	7/19/2022
Michael	Rillera	FA	Asian	Orange	7/19/2022
Cecilia	Mercado	FA	Hispanic	Orange	12/5/2023
Lisa	Stanton	FA	White	Orange	7/19/2022
Andrew	Smith	SA	White	Orange	11/12/2022
Lupe	Rodriguez	FA	Hispanic	Orange	8/28/2023

<b>SBRO RAC 15 MEMBERS</b>					
<b>First Name</b>	<b>Last Name</b>	<b>Status</b>	<b>Race</b>	<b>County</b>	<b>Expiration Date</b>
Ernie	Saldana	FA	Hispanic	Riverside	7/19/2022
Maia	Pawoskar	FA	Asian	San Bernardino	7/19/2022
Douglas	Perkins	FA	African Am	San Bernardino	3/6/2020
Cristina	Christenson-Rockwe	FA	White	Mono	3/6/2023
Cynthia	Cox	FA	White	Inyo	12/5/2023
Lannette	Hollowell	SA	White	San Bernardino	8/28/2021
Cathy	Rosas	FA	Hispanic	Riverside	8/28/2021
Carmela	Garnica	FA	Hispanic	Riverside	8/28/2021
Reginald	Davis	SA	African Am	Riverside	11/12/2022
Ronald	Allan	SA	White	Riverside	5/7/2022
Violet	Arellano	FA	Hispanic	Riverside	5/7/2022
Kimberly	Risser	SA	White	San Bernardino	5/7/2022
Eric	Aguiar		Asian/Hispanic	San Bernardino	8/28/2023

<b>SDIRO RAC 15 MEMBERS</b>					
<b>First Name</b>	<b>Last Name</b>	<b>Status</b>	<b>Race</b>	<b>County</b>	<b>Expiration Date</b>

**Regional Advisory Committee  
Membership Roster (updated 12/02/2019)**

Susan	Madison	SA	White	San Diego	4/19/2022
Dayon	Higgins	FA	Asian	San Diego	4/19/2022
David	Jespersen	FA	White	San Diego	4/19/2022
Nancy	Vogel	FA	Am. Indian/Asian	San Diego	4/19/2022
Leticia	Galvan	FA	Hispanic	San Diego	3/6/2023
Harvey	Goldman	FA	White	San Diego	3/6/2023
Marta	Leyva	SA/OTH	Hispanic	San Diego	3/6/2023
Melissa	Cenizu	FA	Hispanic	Imperial	3/6/2023
James	Walker	SA	White	San Diego	11/12/2022
Nicole	Brobeck	SA	White	San Diego	11/12/2022
Helen	Crenshaw	FA	White	San Diego	8/28/2023
Julie	St. Pierre	FA	Hispanic/White	Imperial	8/28/2023

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April 27, 2021

**AGENDA ITEM 10.**

**ACTION ITEM**

**STATE COUNCIL ON DEVELOPMENTAL DISABILITIES – MEMBERSHIP COMMITTEE**

***Consider Updates to the RAC Policy***

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The Committee will consider adopting an updated RAC policy that would allow appointments to the RACs regardless of vacancy status. This approach was adopted in 2020 for Local SDACs. Managers are now requesting that the Membership Committee consider the same policy for RACs. By doing so, this would streamline the appointment process and allow regional managers to immediately fill vacancies when needed. Regional managers would be responsible for notifying the Committee once the candidate is activated to ensure accurate record keep.

***Recommendation***

Adopt recommended changes to RAC Policy

***Attachment(s)***

RAC Policy with Proposed Changes



## Policy Questions About the Regional Advisory Committees (RAC)

Key:

**Bold**= Policy Question

Plain text=Policy Adopted by the Council

### **Who is eligible to be a RAC member?**

RACs should reflect the geographic, ethnic, and language diversity of the state, as described in statutes.

### **What about prior Area Board members?**

Any Area Board member on December 31, 2014 may continue to serve on the RAC for that RO area until his/her term expires.

### **Who cannot be a member of a RAC?**

Sitting SCDD Council members cannot be also be members of the RAC. Councilmembers from a region are required to participate in his or her local RAC.

Any member of a Regional Center Governing Board, or a committee of a Regional Center Governing Board (excluding Self-Determination Advisory Committees and Self-Advocate Advisory Committees), shall not be eligible to serve on a SCDD Regional Advisory Committee.

### **How many members will the RAC have?**

The goal is for each RAC to have 9-15 members, based on need, geographic area covered, or population. The Council's Membership Committee may determine the total number between 9 and 15 based on need and recommendations from the Regional Office and RAC. The RACs that inherited more than 15 members may reach the maximum number through attrition as the initial members terms expire.

### **Should every county be represented?**

The RAC should have at least one member from each county in the RAC's region.

**Are there other limitations on membership?**

Providers are allowed to be members of a RAC. Providers are not to be more than 25% of total RAC membership.

**What's the self-advocate percentage representation on each RAC?**

At least 35% of RAC members shall be self-advocates. At least 35% of RAC members shall be family-advocates. The remaining 30% shall be self-advocates, family advocates, or other.

**Will there be term limits?**

Each RAC member serves at the pleasure of the Council. Each individual is eligible for two 3-year terms. The term limits begin anew as of January 1, 2015

**What is the attendance policy for RAC members?**

If a member of a RAC has unexcused absences for more than 25% of the RAC meetings within a calendar year, the member shall be considered as having ceased to discharge the duties of RAC membership.

**What about conflicts of interest?**

While it is not anticipated that RAC members will be making governmental decisions, if that happens and an individual has a conflict, that individual is expected to not be a part of the conversation or decision for that item.

**RAC Membership Appointments**

- Each RAC and RO can forward names to the SCDD Membership Committee for consideration.
- Each RAC may have its own Membership Committee for purposes of identifying and recruiting potential members and referring them to SCDD Membership Committee for consideration of referral to the SCDD.
- ~~The SCDD Membership Committee will create a standardized application form/process.~~ **Candidates complete the standardized online application which is forwarded to the SCDD Membership Committee for consideration.**
- ~~The SCDD Membership Committee makes appointments to the RACs.~~
- **The SCDD's Membership Committee appoints applicants, regardless of whether a vacancy exists. If there is not a current vacancy, the appointed candidate becomes active once a vacancy occurs on their local Regional Advisory Committee (RAC). In the interim, the candidate is encouraged to participate as members of the public to stay engaged.**

**What are the officers of the RAC?**

RAC members shall elect a Chair and a Vice Chair from among its membership. The role of the Chair and Vice Chair is to run the RAC meetings.

**What subcommittees may a RAC have?**

A RAC may convene a Membership Committee for the purpose of screening and making recommendations to the Council's Membership Committee on candidates for the RAC.

**Member Conduct**

Each member of a RAC shall comply with the Council's Zero-Tolerance Policies which include:

- Discrimination
- Drug Free Workplace Statement
- Sexual Harassment
- Unprofessional Conduct
- Workplace Violence Prevention

A copy of these policies will be provided to the member upon appointment.

**What is the role of the RAC?**

Per statute, the role of the RAC is to:

- Advise SCDD and its RO on local issues and identify and provide input regarding local systemic needs within its communities;
- Provide input and be a source for data for the SCDD to consider in the formulation of the state plan;
- Provide public information programs for consumers, families, professional groups, and the general public to increase professional and public awareness of areas identified within the state plan;
- Engage in other activities as requested by SCDD.

The RAC may make recommendations to the Council. The RAC may not take positions independent of the Council.

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**April 27, 2021**

**AGENDA ITEM 11.**

**ACTION ITEM**

**STATE COUNCIL ON DEVELOPMENTAL DISABILITIES – MEMBERSHIP COMMITTEE**

***Review & Take Action on RAC Applications***

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The Committee will review and appoint members to the below listed RACs. Regional managers will also update the Committee on any change of status to RAC membership due to policy violations.

- a. North Coast Regional Advisory Committee
- b. North State Regional Advisory Committee
- c. Sacramento Regional Advisory Committee
- d. North Bay Regional Advisory Committee
- e. Bay Area Regional Advisory Committee
- f. North Valley Hills Regional Advisory Committee
- g. Central Coast Regional Advisory Committee
- h. Sequoia Regional Advisory Committee
- i. Los Angeles Regional Advisory Committee
- j. Orange County Regional Advisory Committee
- k. San Bernardino Regional Advisory Committee
- l. San Diego Regional Advisory Committee

***Recommendation***

Appoint manager-recommended members to the regional advisory committees listed above.

***Attachment(s)***

Regional Advisory Committee Applications

# North Coast Regional Advisory Committee Candidates



## Redacted Membership Application

### **MM-607**

Name: REDACTED

Address: REDACTED

County of Residence: **Humboldt**

Email : REDACTED

Phone: REDACTED

Race: White

I am a: person with a developmental disability, parent, family member, legal guardian or conservator of a person with a developmental disability

**Are you currently employed by, or a member of the governing board of an organization providing services to persons with developmental disabilities?:**

Yes

**Are you a member of a nongovernmental agency that does not receive regional center funding?**

No

**Do you want to serve on the State Council:** Yes, I want to apply to serve on the State Council

**Do you want to serve on a Regional Advisory Committee:** Yes, I want to apply to serve on the Regional Advisory Committee

**How did your interest in, or knowledge of, the developmental disability field and service system develop?:**

My brother was autistic. I am a teacher in co-taught classrooms. I have a daughter with Rett Syndrome. I also have an acquired disability. As the introduction to IDEA states, disability is a natural part of the human experience and in no way diminishes us. Disability touches us all.

**What are your areas of interest in the developmental disability field and service system?:**

Reducing systemic barriers to full participation in our communities. Increasing awareness and acceptance of the spectrum and diversity of "ability".

**Please explain why you wish to serve on the State Council on Developmental Disabilities, or on one of its Regional Advisory Committees:**

I believe that my skills and experiences as a sibling, parent, teacher, special education non-attorney advocate, and person with a disability give me a unique perspective on the many and intersectional issues related to differently abled people.

**What strengths would you bring to the State Council and/or Regional Advisory Committee?:**

I have lived with and been an ally of persons with disabilities for many years in several states. I bring a depth and range of experience that gives me unique perspectives on problem solving at the systems level. As an advocate and a court trained mediator, I bring mediation and negotiation skills that help me to build connections between stakeholders and support engagement in difficult conversations. I believe strongly in centering the communication and perspectives of people with disabilities in decision making about the systems meant to serve them.

# North State Regional Advisory Committee Candidates



## Redacted Membership Application

**MM-581**

Name: REDACTED

Address: REDACTED

County of Residence: **Tehama**

Email : REDACTED

Phone: REDACTED

Race: African- American, White

I am a: representative of the general public

**Are you currently employed by, or a member of the governing board of an organization providing services to persons with developmental disabilities?:**

No

**Are you a member of a nongovernmental agency that does not receive regional center funding?**

No

**Do you want to serve on the State Council:**

**Do you want to serve on a Regional Advisory Committee:** Yes, I want to apply to serve on the Regional Advisory Committee

**How did your interest in, or knowledge of, the developmental disability field and service system develop?:**

It started when I was asked by the State of California's Governor to serve on the Area Board 2 on Developmental Disabilities which I served for 10 years as well as an appointee to the Tehama County Board of Supervisor appointee. I have a personal vision loss and a clear understanding of disability issues and challenges/opportunities around employment, housing, healthcare and other aspects in the community. In most cases, a large part of a negative attitudes about people's disabilities come from other people and attitudes. In my City of Red Bluff, I served 8 years on the City Council, 2 of which I was elected as Mayor.

**What are your areas of interest in the developmental disability field and service system?:**

That people with developmental disabilities receive all the services they are entitled to and are supported in all opportunities they desire including employment, housing, healthcare, education, community life.

**Please explain why you wish to serve on the State Council on Developmental Disabilities, or on one of its Regional Advisory Committees:**

I have had previous involvement and I have availability to serve on this committee and see where they needs are in our North State Region and specifically Red Bluff.

**What strengths would you bring to the State Council and/or Regional Advisory Committee?:**  
30 years of community service!

# Sacramento

## Regional Advisory Committee Candidates



## Redacted Membership Application

**MM-549**

Name: REDACTED

Address: REDACTED

County of Residence: **CA**

Email : REDACTED

Phone: REDACTED

Race: White

I am a: person with a developmental disability

**Are you currently employed by, or a member of the governing board of an organization providing services to persons with developmental disabilities?:**

Yes

**Are you a member of a nongovernmental agency that does not receive regional center funding?**

Yes

**Do you want to serve on the State Council:** Yes, I want to apply to serve on the State Council

**Do you want to serve on a Regional Advisory Committee:** Yes, I want to apply to serve on the Regional Advisory Committee

**How did your interest in, or knowledge of, the developmental disability field and service system develop?:**

N/a

**What are your areas of interest in the developmental disability field and service system?:**

N/a

**Please explain why you wish to serve on the State Council on Developmental Disabilities, or on one of its Regional Advisory Committees:**

N/a

**What strengths would you bring to the State Council and/or Regional Advisory Committee?:**

Yes

## Redacted Membership Application

**MM-557**

Name: REDACTED

Address: REDACTED

County of Residence: **CA**

Email : REDACTED

Phone: REDACTED

Race: White

I am a: person with a developmental disability, representative of the general public

**Are you currently employed by, or a member of the governing board of an organization providing services to persons with developmental disabilities?:**

Yes

**Are you a member of a nongovernmental agency that does not receive regional center funding?**

No

**Do you want to serve on the State Council:**

**Do you want to serve on a Regional Advisory Committee:** Yes, I want to apply to serve on the Regional Advisory Committee

**How did your interest in, or knowledge of, the developmental disability field and service system develop?:**

I started working with First Steps Infant Program in college and really enjoyed the work. I began working as an Early Intervention Specialist in 1999 and have enjoyed following the evolution of special education.

**What are your areas of interest in the developmental disability field and service system?:**

Resource awareness, outreach to the invisible disability community and their families to increase awareness, early intervention

**Please explain why you wish to serve on the State Council on Developmental Disabilities, or on one of its Regional Advisory Committees:**

I would like to increase the committee's focus to consider the invisible community and their needs

**What strengths would you bring to the State Council and/or Regional Advisory Committee?:**

I work for an agency that is a regional center vendor but my specific program is open to all children 0-6 years old in Yolo County, that includes children with disabilities but they are not the primary focus of my

current work. I would love to advocate for improved service connection for the families just entering the system as well as advocate for those of us with Developmental Disabilities that struggle even though we don't qualify for services.

## Redacted Membership Application

**MM-564**

Name: REDACTED

Address: REDACTED

County of Residence: **Placer**

Email : REDACTED

Phone: REDACTED

Race: African- American

I am a: parent, family member, legal guardian or conservator of a person with a developmental disability

**Are you currently employed by, or a member of the governing board of an organization providing services to persons with developmental disabilities?:**

No

**Are you a member of a nongovernmental agency that does not receive regional center funding?**

No

**Do you want to serve on the State Council:** Yes, I want to apply to serve on the State Council

**Do you want to serve on a Regional Advisory Committee:** Yes, I want to apply to serve on the Regional Advisory Committee

**How did your interest in, or knowledge of, the developmental disability field and service system develop?:**

Through research and literature

**What are your areas of interest in the developmental disability field and service system?:**

IEP AND individual life skills promoting community awareness.

**Please explain why you wish to serve on the State Council on Developmental Disabilities, or on one of its Regional Advisory Committees:**

Having two children with special needs it is imperative that my children are afforded an opportunity to integrate into mainstream society with a semblance of confidence borne out of the inclusionary process of education and employment training.

**What strengths would you bring to the State Council and/or Regional Advisory Committee?:**

I can bring the experience of a parent, provider and advocate associated with the multi faceted complexities of a father committed to the desired independence for my children. I am also a foundation

Board member for UCP in Sacramento and can bring a continued awareness to the mission statement of the SCDD.

## Redacted Membership Application

**MM-566**

Name: REDACTED

Address: REDACTED

County of Residence: **CA**

Email : REDACTED

Phone: REDACTED

Race: White

I am a: representative of the general public

**Are you currently employed by, or a member of the governing board of an organization providing services to persons with developmental disabilities?:**

No

**Are you a member of a nongovernmental agency that does not receive regional center funding?**

No

**Do you want to serve on the State Council:** Yes, I want to apply to serve on the State Council

**Do you want to serve on a Regional Advisory Committee:** Yes, I want to apply to serve on the Regional Advisory Committee

**How did your interest in, or knowledge of, the developmental disability field and service system develop?:**

Yes

**What are your areas of interest in the developmental disability field and service system?:**

Research, day programs, disabled rights

**Please explain why you wish to serve on the State Council on Developmental Disabilities, or on one of its Regional Advisory Committees:**

I want to advocate and help make the world accessible for all

**What strengths would you bring to the State Council and/or Regional Advisory Committee?:**

My knowledge of disabilities and my understanding of the ADA

## Redacted Membership Application

**MM-568**

Name: REDACTED

Address: REDACTED

County of Residence: **Sacramento**

Email : REDACTED

Phone: REDACTED

Race: Asian

I am a: representative of the general public

**Are you currently employed by, or a member of the governing board of an organization providing services to persons with developmental disabilities?:**

Yes

**Are you a member of a nongovernmental agency that does not receive regional center funding?**

No

**Do you want to serve on the State Council:**

**Do you want to serve on a Regional Advisory Committee:** Yes, I want to apply to serve on the Regional Advisory Committee

**How did your interest in, or knowledge of, the developmental disability field and service system develop?:**

I provide services to client's with intellectual and developmental disabilities.

**What are your areas of interest in the developmental disability field and service system?:**

Interested with client's with behaviors and medical problems.

**Please explain why you wish to serve on the State Council on Developmental Disabilities, or on one of its Regional Advisory Committees:**

I would like to advocate for the clients with disabilities.

**What strengths would you bring to the State Council and/or Regional Advisory Committee?:**

I am knowledgeable in the care of the consumers with intellectual and developmental disabilities. I know their challenges and needs that should be met. Thank you.

## Redacted Membership Application

### **MM-584**

Name: REDACTED

Address: REDACTED

County of Residence: **CA**

Email : REDACTED

Phone: REDACTED

Race: Asian

I am a: parent, family member, legal guardian or conservator of a person with a developmental disability

**Are you currently employed by, or a member of the governing board of an organization providing services to persons with developmental disabilities?:**

No

**Are you a member of a nongovernmental agency that does not receive regional center funding?**

No

**Do you want to serve on the State Council:** Yes, I want to apply to serve on the State Council

**Do you want to serve on a Regional Advisory Committee:** Yes, I want to apply to serve on the Regional Advisory Committee

**How did your interest in, or knowledge of, the developmental disability field and service system develop?:**

As a parent of a boy who has an autism diagnosis, the struggle to understand autism was probably the easiest part. The struggle to access resources and interventions is real and it gets worse as the child gets older.

**What are your areas of interest in the developmental disability field and service system?:**

Family advocacy and public policy

**Please explain why you wish to serve on the State Council on Developmental Disabilities, or on one of its Regional Advisory Committees:**

Accessing resources for the disability is like navigating a maze. Most families find themselves lost and many give up. As an advocate for my son, I have struggled and seen so many other families share the same agony. I believe with the increasing population of the disability community especially neurodevelopmental disabilities, our system is illequipped and poorly structured. I hope to play a proactive part in understanding the structural flaws and be a part of reforms that we badly need.

**What strengths would you bring to the State Council and/or Regional Advisory Committee?:**

I have been an active advocate for my own son and other families. I am passionate, self-driven and motivated to bring about the changes we need to reform the system.

## Redacted Membership Application

### **MM-593**

Name: REDACTED

Address: REDACTED

County of Residence: **CA**

Email : REDACTED

Phone: REDACTED

Race: Hispanic or Latino, White

I am a: parent, family member, legal guardian or conservator of a person with a developmental disability

**Are you currently employed by, or a member of the governing board of an organization providing services to persons with developmental disabilities?:**

No

**Are you a member of a nongovernmental agency that does not receive regional center funding?**

No

**Do you want to serve on the State Council:** Yes, I want to apply to serve on the State Council

**Do you want to serve on a Regional Advisory Committee:** Yes, I want to apply to serve on the Regional Advisory Committee

**How did your interest in, or knowledge of, the developmental disability field and service system develop?:**

My daughter was born 10 years ago with what we now realize is a newly discovered genetic modification to particular gene. While very little is known about this disease, all but two of the 161 families worldwide that are known to have this condition so far have varying levels of development delays and intellectual disabilities. Going through the unique process of discovering and supporting someone's unique intelligence without being able to rely on standardized measures has been a life altering growth experience. It's made me a better parent and a better person. I've always been a strong supporter of diversity. But now I truly understand inclusion.

**What are your areas of interest in the developmental disability field and service system?:**

Though I have so many interests, building community is top of mind. There are so many opportunities that come from organically interacting as humans on a daily basis. When someone is partially included then s/he is partially exposed to opportunities, and then partial opportunities within those opportunities. The exclusion can have a snowball effect. Our experience is that community building takes intention and consistency. When we are working hard to keep the foundation going for our friends and family with

developmental disabilities, unless we team up it is very difficult and sometimes even impossible to find the time and energy to build community. If we work at this together, we can create a butterfly effect the other way where opportunities create more opportunities and so on.

**Please explain why you wish to serve on the State Council on Developmental Disabilities, or on one of its Regional Advisory Committees:**

While the process has been rigorous and exhausting at times, we have met some of the most incredible people parenting our daughter. I have largely been working to parent my daughter in the educational and medical environment. I am now very much looking forward to joining the wider community as we prepare for the next big transition in her life's journey. We want to become part of the fabric of our community to be there for each other in the all aspects of policy, education, medicine, inclusion and celebration.

**What strengths would you bring to the State Council and/or Regional Advisory Committee?:**

I bring seasoned Mama Bear mixed with decades of business experience. Professionally I bring project and case management, policy creation, contract negotiation and management, business development, team supervision and event planning. As a family we have weathered and mastered the IEP, regional services and medical systems. I am thoughtful, strategic and bring humor, can-do attitude to my work. While professional metrics and rigor incite the competitive person in me, I never lose sight of the fact that the health and wellness of people come first.

## Redacted Membership Application

### **MM-595**

Name: REDACTED

Address: REDACTED

County of Residence: **CA**

Email : REDACTED

Phone: REDACTED

Race: White

I am a: parent, family member, legal guardian or conservator of a person with a developmental disability

**Are you currently employed by, or a member of the governing board of an organization providing services to persons with developmental disabilities?:**

No

**Are you a member of a nongovernmental agency that does not receive regional center funding?**

No

**Do you want to serve on the State Council:**

**Do you want to serve on a Regional Advisory Committee:** Yes, I want to apply to serve on the Regional Advisory Committee

**How did your interest in, or knowledge of, the developmental disability field and service system develop?:**

My son has autism spectrum disorder and was diagnosed in 2015. At that time I began attending webinars and meetings by Warmline, SCDD, Disability Rights, to learn about how to keep him in the special education due to challenging behaviors. We have been consumers of services for the last 5 years and I also am familiar with healthcare systems and therapy services professionally as an RN case manager for a large local health system. I continue to advocate for my family and others with IDD through social media groups, local involvement in the special needs community, and speaking on podcasts about autism. I am an RN for 30 years and am pursuing a PhD researching resilience in family caregivers of adults with autism spectrum disorder. My research goal is to increase caregiver well-being and comfort with supported decision making/self-determination by their loved one and to enhance the resilience and well-being of families with intellectually and developmentally disabled members.

**What are your areas of interest in the developmental disability field and service system?:**

My interest is in the improvement of quality and safety, satisfaction (by consumers of services and their families), and to increase funding and reduce waste and ineffective services. I also have found through

the groups I am in that families are unaware of what is available to them in many cases especially newly diagnosed individuals.

**Please explain why you wish to serve on the State Council on Developmental Disabilities, or on one of its Regional Advisory Committees:**

I want to pay forward all of the help I received and maybe make life a little better for others by using my experiences. I want to support families to get the services they need to increase their quality of life and increase the independence and self-efficacy of person living with a disability.

**What strengths would you bring to the State Council and/or Regional Advisory Committee?:**

My compassion for people as a nurse, and my healthcare coordination and management skills. Additionally, I am skilled in Microsoft office, statistical analysis, research methods and critical thinking. I am a team player.

## Redacted Membership Application

### **MM-598**

Name: REDACTED

Address: REDACTED

County of Residence: **Sacramento**

Email : REDACTED

Phone: REDACTED

Race: White

I am a: parent, family member, legal guardian or conservator of a person with a developmental disability

**Are you currently employed by, or a member of the governing board of an organization providing services to persons with developmental disabilities?:**

No

**Are you a member of a nongovernmental agency that does not receive regional center funding?**

No

**Do you want to serve on the State Council:**

**Do you want to serve on a Regional Advisory Committee:** Yes, I want to apply to serve on the Regional Advisory Committee

**How did your interest in, or knowledge of, the developmental disability field and service system develop?:**

A parent of a person with disabilities and active in their education, and long-time member of the Sacramento County SELPA CAC (Chairperson).

**What are your areas of interest in the developmental disability field and service system?:**

More parent/public involvement/awareness in Special Education and Services.

**Please explain why you wish to serve on the State Council on Developmental Disabilities, or on one of its Regional Advisory Committees:**

Being retired, it provides me a sense of purpose, and able to provide background experience in special education.

**What strengths would you bring to the State Council and/or Regional Advisory Committee?:**

A background in leadership. For references, feel free to contact the Robla School District Special Ed and S.C.O.E SELPA Director Debbie Morris.

## Redacted Membership Application

### **MM-600**

Name: REDACTED

Address: REDACTED

County of Residence: **Sacramento**

Email : REDACTED

Phone: REDACTED

Race: Hispanic or Latino

I am a: parent, family member, legal guardian or conservator of a person with a developmental disability

**Are you currently employed by, or a member of the governing board of an organization providing services to persons with developmental disabilities?:**

No

**Are you a member of a nongovernmental agency that does not receive regional center funding?**

No

**Do you want to serve on the State Council:** Yes, I want to apply to serve on the State Council

**Do you want to serve on a Regional Advisory Committee:** Yes, I want to apply to serve on the Regional Advisory Committee

**How did your interest in, or knowledge of, the developmental disability field and service system develop?:**

My son was diagnosed with PDD-NOS, later diagnosed as autism, at the age of 4. As we navigated through the Regional Center and school district abyss, it became necessary for me, as his parent, to become knowledgeable and understand the process, in order to be able to fully and properly advocate for my son. I continue to advocate for him as needed. He has learned in the process to advocate for himself. I now work for a special education law firm.

**What are your areas of interest in the developmental disability field and service system?:**

All areas, including, but not limited to, law and ensuring that non-English speaking, specifically Spanish, families are receiving proper information and guidance to be able to properly advocate and assist their family member with a disability.

**Please explain why you wish to serve on the State Council on Developmental Disabilities, or on one of its Regional Advisory Committees:**

I wish to assist and provide insight both from a professional and personal level. When my son was in the

school system I served on the Elk Grove Unified School District Special Education Community Advisory Committee as a secretary, vice chair, and the chair. My committee was able to bring forth the issues within the EGUSD and provide advisory to the Governing board in collaboration with the SELPA Director.

**What strengths would you bring to the State Council and/or Regional Advisory Committee?:**

I am an effective communicator. I am able to problem solve. I am bilingual and can provide insight into the Hispanic community culture and needs. Furthermore, I am active in the community. I was a member of the FEAT governing board and continue to play an active role in the organization.

## Redacted Membership Application

### **MM-601**

Name: REDACTED

Address: REDACTED

County of Residence: **CA**

Email : REDACTED

Phone: REDACTED

Race: White

I am a: parent, family member, legal guardian or conservator of a person with a developmental disability

**Are you currently employed by, or a member of the governing board of an organization providing services to persons with developmental disabilities?:**

No

**Are you a member of a nongovernmental agency that does not receive regional center funding?**

No

**Do you want to serve on the State Council:** Yes, I want to apply to serve on the State Council

**Do you want to serve on a Regional Advisory Committee:** Yes, I want to apply to serve on the Regional Advisory Committee

**How did your interest in, or knowledge of, the developmental disability field and service system develop?:**

My daughter, age 27 years, is on the autism spectrum and is in need of many services that are not available here in Nevada County.

**What are your areas of interest in the developmental disability field and service system?:**

My special interests have been the need for adult housing, respite care, and day programs for all Alta clients in Nevada County. We have a severe shortage of all these services.

**Please explain why you wish to serve on the State Council on Developmental Disabilities, or on one of its Regional Advisory Committees:**

I have time, energy, ideas, and a commitment to those with developmental disabilities. I am interested in identifying and serving the needs of the Alta clients in Nevada County. I want to help improve their lives.

**What strengths would you bring to the State Council and/or Regional Advisory Committee?:**

I am a retired Family Nurse Practitioner with a special needs daughter. Most of my life has been in

service professions and volunteer work. I have organized and managed clinics, special needs sports teams and choral groups. I strongly believe in inclusiveness, community, equality and personalized service to meet the individual needs of each Alta client. I seek to work collaboratively with all members and agencies and focus on identifying and representing the needs of Alta clients in Nevada County.

## Redacted Membership Application

### **MM-604**

Name: REDACTED

Address: REDACTED

County of Residence: **Yolo**

Email : REDACTED

Phone: REDACTED

Race: White

I am a: person with a developmental disability, representative of the general public

**Are you currently employed by, or a member of the governing board of an organization providing services to persons with developmental disabilities?:**

No

**Are you a member of a nongovernmental agency that does not receive regional center funding?**

No

**Do you want to serve on the State Council:**

**Do you want to serve on a Regional Advisory Committee:** Yes, I want to apply to serve on the Regional Advisory Committee

**How did your interest in, or knowledge of, the developmental disability field and service system develop?:**

I am a self-advocate, and I have always wanted to speak out about issues. I feel lucky to be where I am now, and I want to help others advocate for themselves.

**What are your areas of interest in the developmental disability field and service system?:**

I would like to increase awareness and education. I am also interested in advocacy.

**Please explain why you wish to serve on the State Council on Developmental Disabilities, or on one of its Regional Advisory Committees:**

I would like to represent Yolo county as a self advocate. The State Council would be a good place to bring up the needs of the community, such as wheelchair access.

**What strengths would you bring to the State Council and/or Regional Advisory Committee?:**

As a person with a disability, I am part of the community. I can advocate for myself and others. I am good at communication.

# North Bay Regional Advisory Committee Candidates



## Redacted Membership Application

### **MM-553**

Name: REDACTED

Address: REDACTED

County of Residence: **Sonoma**

Email : REDACTED

Phone: REDACTED

Race: White

I am a: parent, family member, legal guardian or conservator of a person with a developmental disability

**Are you currently employed by, or a member of the governing board of an organization providing services to persons with developmental disabilities?:**

No

**Are you a member of a nongovernmental agency that does not receive regional center funding?**

No

**Do you want to serve on the State Council:**

**Do you want to serve on a Regional Advisory Committee:** Yes, I want to apply to serve on the Regional Advisory Committee

**How did your interest in, or knowledge of, the developmental disability field and service system develop?:**

I have raised two children on the autism spectrum to adulthood, one with dual diagnosis bipolar disorder. I have spent almost twenty years navigating various systems while advocating for their needs.

**What are your areas of interest in the developmental disability field and service system?:**

I have a strong interest in crisis and long term care for individuals with dual diagnosis developmental disability and mental health issues, I also have an interest in services for individuals with higher functional needs but social and life skills deficits.

**Please explain why you wish to serve on the State Council on Developmental Disabilities, or on one of its Regional Advisory Committees:**

I am passionate about clients' rights and client centered care within the regional center systems, and in collaboration with local and state organizations. I have extensive experience navigating various systems and believe that I can bring a strong voice of advocacy for those who don't have one.

**What strengths would you bring to the State Council and/or Regional Advisory Committee?:**

I have extensive first hand experience in working with such issues such as dual diagnosis, intersecting marginalization, school systems and special education law, and crisis care. I also have a history of navigating with a disability, and I have recently returned to SSU after a long break to raise children to complete my BA in Psychology, and I plan to use my education to further support work toward advocacy for individuals with disabilities.

## Redacted Membership Application

### **MM-580**

Name: REDACTED

Address: REDACTED

County of Residence: **napa**

Email : REDACTED

Phone: REDACTED

Race: African- American

I am a: person with a developmental disability, parent, family member, legal guardian or conservator of a person with a developmental disability, representative of the general public

**Are you currently employed by, or a member of the governing board of an organization providing services to persons with developmental disabilities?:**

Yes

**Are you a member of a nongovernmental agency that does not receive regional center funding?**

Yes

**Do you want to serve on the State Council:** Yes, I want to apply to serve on the State Council

**Do you want to serve on a Regional Advisory Committee:** Yes, I want to apply to serve on the Regional Advisory Committee

**How did your interest in, or knowledge of, the developmental disability field and service system develop?:**

Justin

**What are your areas of interest in the developmental disability field and service system?:**

Napa

**Please explain why you wish to serve on the State Council on Developmental Disabilities, or on one of its Regional Advisory Committees:**

Napa

**What strengths would you bring to the State Council and/or Regional Advisory Committee?:**

Napa

# Bay Area

## Regional Advisory Committee Candidates





## Redacted Membership Application

**MM-538**

Name: REDACTED

Address: REDACTED

County of Residence: **8058 Terrace Drive, El Cerrito, CA 94530**

Email : REDACTED

Phone: REDACTED

Race: Asian

I am a: parent, family member, legal guardian or conservator of a person with a developmental disability

**Are you currently employed by, or a member of the governing board of an organization providing services to persons with developmental disabilities?:**

No

**Are you a member of a nongovernmental agency that does not receive regional center funding?**

No

**Do you want to serve on the State Council:** Yes, I want to apply to serve on the State Council

**Do you want to serve on a Regional Advisory Committee:**

**How did your interest in, or knowledge of, the developmental disability field and service system develop?:**

My high interest and knowledge originated from being a care provider for my developmental disability brother since 5/1/2018 until today.

**What are your areas of interest in the developmental disability field and service system?:**

Self determination program, crisis and safety net services and community living

**Please explain why you wish to serve on the State Council on Developmental Disabilities, or on one of its Regional Advisory Committees:**

Advocate to implement the services and benefits of DDS

**What strengths would you bring to the State Council and/or Regional Advisory Committee?:**

Detailed oriented and organizational skills, communication and perseverance

## Redacted Membership Application

### **MM-555**

Name: REDACTED

Address: REDACTED

County of Residence: **Alameda**

Email : REDACTED

Phone: REDACTED

Race: American Indian/Native Alaskan, White

I am a: person with a developmental disability

**Are you currently employed by, or a member of the governing board of an organization providing services to persons with developmental disabilities?:**

No

**Are you a member of a nongovernmental agency that does not receive regional center funding?**

No

**Do you want to serve on the State Council:** Yes, I want to apply to serve on the State Council

**Do you want to serve on a Regional Advisory Committee:** Yes, I want to apply to serve on the Regional Advisory Committee

**How did your interest in, or knowledge of, the developmental disability field and service system develop?:**

i been to some meetings

**What are your areas of interest in the developmental disability field and service system?:**

i have cerebral palsy, and i can help other people like me

**Please explain why you wish to serve on the State Council on Developmental Disabilities, or on one of its Regional Advisory Committees:**

i am on many committees, and i feel i can use all my knowledge for this great committee to make it better

**What strengths would you bring to the State Council and/or Regional Advisory Committee?:**

i am a great and caring listener

## Redacted Membership Application

**MM-559**

Name: REDACTED

Address: REDACTED

County of Residence: **No**

Email : REDACTED

Phone: REDACTED

Race: White

I am a: person with a developmental disability

**Are you currently employed by, or a member of the governing board of an organization providing services to persons with developmental disabilities?:**

Yes

**Are you a member of a nongovernmental agency that does not receive regional center funding?**

Yes

**Do you want to serve on the State Council:** Yes, I want to apply to serve on the State Council

**Do you want to serve on a Regional Advisory Committee:** Yes, I want to apply to serve on the Regional Advisory Committee

**How did your interest in, or knowledge of, the developmental disability field and service system develop?:**

No

**What are your areas of interest in the developmental disability field and service system?:**

No

**Please explain why you wish to serve on the State Council on Developmental Disabilities, or on one of its Regional Advisory Committees:**

No

**What strengths would you bring to the State Council and/or Regional Advisory Committee?:**

No

## Redacted Membership Application

### **MM-570**

Name: REDACTED

Address: REDACTED

County of Residence: **Contra Costa County**

Email : REDACTED

Phone: REDACTED

Race: African- American

I am a: parent, family member, legal guardian or conservator of a person with a developmental disability, representative of the general public

**Are you currently employed by, or a member of the governing board of an organization providing services to persons with developmental disabilities?:**

No

**Are you a member of a nongovernmental agency that does not receive regional center funding?**

No

**Do you want to serve on the State Council:** Yes, I want to apply to serve on the State Council

**Do you want to serve on a Regional Advisory Committee:** Yes, I want to apply to serve on the Regional Advisory Committee

**How did your interest in, or knowledge of, the developmental disability field and service system develop?:**

I was on a zoom "Community Conversation" yesterday. I had no idea this board exist.

**What are your areas of interest in the developmental disability field and service system?:**

Independent living, housing and jobs

**Please explain why you wish to serve on the State Council on Developmental Disabilities, or on one of its Regional Advisory Committees:**

I would like to be a part of helping inform the reality of a person living with Disabilities

**What strengths would you bring to the State Council and/or Regional Advisory Committee?:**

I have been a trainer in mental health for over 20 years, I know how to find jobs for people with disabilities

## Redacted Membership Application

**MM-574**

Name: REDACTED

Address: REDACTED

County of Residence: **San Mateo County**

Email : REDACTED

Phone: REDACTED

Race: Asian

I am a: parent, family member, legal guardian or conservator of a person with a developmental disability

**Are you currently employed by, or a member of the governing board of an organization providing services to persons with developmental disabilities?:**

No

**Are you a member of a nongovernmental agency that does not receive regional center funding?**

No

**Do you want to serve on the State Council:**

**Do you want to serve on a Regional Advisory Committee:** Yes, I want to apply to serve on the Regional Advisory Committee

**How did your interest in, or knowledge of, the developmental disability field and service system develop?:**

My 17-year-old daughter was born with an IDD (autism) and acquired a chronic medical condition (PANS) 6 years ago that significantly worsened her cognitive, physical, and psychological well-being. As her parent and advocate, I have had to work with multiple systems that serve the IDD community (e.g., regional center, public school system, and medical system), greatly informing me of how they work.

**What are your areas of interest in the developmental disability field and service system?:**

Prevention of physical, sexual, emotional, and financial abuse; Prosecution and rehabilitation of abusers of individuals with IDDs; housing; employment opportunities; inclusion w/accommodations in school activities and special events

**Please explain why you wish to serve on the State Council on Developmental Disabilities, or on one of its Regional Advisory Committees:**

I want to build my awareness of issues affecting the IDD community in my region as well as throughout the state. I want to build relationships with other advocates. I believe I can be useful to the RAC due to

my background and experiences.

**What strengths would you bring to the State Council and/or Regional Advisory Committee?:**

My professional background (clinical psychologist), being a parent of a child with an IDD who has gone through the public school system, and relevant positions I have held or currently hold have given me insights into systems and issues that affect members of the IDD community. I served as chair of the Burlingame School District's Special Education District Advisory Committee for 4 years. I served on my SELPA's parent advisory committee for a few years. I am in my 6th year as a school board trustee for Burlingame School District. I am a current commissioner on the San Mateo Co. Commission on Disabilities. Lastly, in my role as a CoD commissioner, I co-created the Abuse Roundtable Group, which brings together representatives from throughout San Mateo County (law enforcement, legislative offices, governmental and nongovernmental agencies that directly serve or advocate for the disability community or victims of abuse, self-advocates, and the DA's office) to directly address abuse in the disability community through discussion, collaboration, and action. I also do my best to listen more than speak and to thoughtfully consider thoughts and opinions that do not necessarily align with my own.

## Redacted Membership Application

### **MM-575**

Name: REDACTED

Address: REDACTED

County of Residence: **Contra Costa**

Email : REDACTED

Phone: REDACTED

Race: White

I am a: parent, family member, legal guardian or conservator of a person with a developmental disability

**Are you currently employed by, or a member of the governing board of an organization providing services to persons with developmental disabilities?:**

No

**Are you a member of a nongovernmental agency that does not receive regional center funding?**

No

**Do you want to serve on the State Council:** Yes, I want to apply to serve on the State Council

**Do you want to serve on a Regional Advisory Committee:** Yes, I want to apply to serve on the Regional Advisory Committee

**How did your interest in, or knowledge of, the developmental disability field and service system develop?:**

I am a parent of an adult with a developmental disability, former member of the DD Council, Contra Costa County, and president of a disability advocacy group in Northern California. I am also a speech-language pathologist and have worked in special education for over 30 years.

**What are your areas of interest in the developmental disability field and service system?:**

My area of interest in the developmental disability field is in eligibility for services, specifically for disabilities that are of lower incidence or for those for whom there is limited recognition. I am also interested in how individuals with developmental disability are served across systems of care in California and how to better coordinate care and develop training for providers across those systems

**Please explain why you wish to serve on the State Council on Developmental Disabilities, or on one of its Regional Advisory Committees:**

As an advocate for developmental disability and someone who works with parents I wish to broaden my involvement to the state council. I have served on a county council and wish to bring my expertise and

interest to the state council. As a parent, advocate and professional, I am interested in all developmental disabilities and the issue of improving recognition and services for affected people. I have a specific interest in those disabilities that have lower incidence or which often go unrecognized. I have a daughter who has Fetal Alcohol Syndrome and I am trained in this disability. FASD is just one example of a developmental disability which may not be recognized, diagnosed or treated, which significant impact on affected people, their families and community.

**What strengths would you bring to the State Council and/or Regional Advisory Committee?:**

I have worked as an advocate in the area of developmental disabilities for many years, both as a parent and professional for many years. I have served on the DD Council for my local county and on the mental health commission for my county as well. I am well aware of difficulties for persons with developmental disability experience in systems of care outside of the Regional Center or special education, including mental health and DOR. I can bring my experience and expertise from serving on other boards. I am a good listener, articulate, organized and articulate.

## Redacted Membership Application

**MM-576**

Name: REDACTED

Address: REDACTED

County of Residence: **Contra Costa County**

Email : REDACTED

Phone: REDACTED

Race: White

I am a: parent, family member, legal guardian or conservator of a person with a developmental disability

**Are you currently employed by, or a member of the governing board of an organization providing services to persons with developmental disabilities?:**

No

**Are you a member of a nongovernmental agency that does not receive regional center funding?**

No

**Do you want to serve on the State Council:** Yes, I want to apply to serve on the State Council

**Do you want to serve on a Regional Advisory Committee:** Yes, I want to apply to serve on the Regional Advisory Committee

**How did your interest in, or knowledge of, the developmental disability field and service system develop?:**

By raising my 44 years old developmentaly delayed son .

**What are your areas of interest in the developmental disability field and service system?:**

Their daily needs and integrity .

**Please explain why you wish to serve on the State Council on Developmental Disabilities, or on one of its Regional Advisory Committees:**

As a single mother of an intellectual person we have been through a lots of difficulty ,I wish I can serve those individuals and their family.

**What strengths would you bring to the State Council and/or Regional Advisory Committee?:**

I will put all my energy to do whatever it takes to make their life easier.

## Redacted Membership Application

**MM-583**

Name: REDACTED

Address: REDACTED

County of Residence: **Contra Costa**

Email : REDACTED

Phone: REDACTED

Race: Asian

I am a: parent, family member, legal guardian or conservator of a person with a developmental disability

**Are you currently employed by, or a member of the governing board of an organization providing services to persons with developmental disabilities?:**

No

**Are you a member of a nongovernmental agency that does not receive regional center funding?**

No

**Do you want to serve on the State Council:** Yes, I want to apply to serve on the State Council

**Do you want to serve on a Regional Advisory Committee:** Yes, I want to apply to serve on the Regional Advisory Committee

**How did your interest in, or knowledge of, the developmental disability field and service system develop?:**

Because my daughter is a autistic

**What are your areas of interest in the developmental disability field and service system?:**

Bay Area

**Please explain why you wish to serve on the State Council on Developmental Disabilities, or on one of its Regional Advisory Committees:**

I wanna help kids with special needs,just like my daughter

**What strengths would you bring to the State Council and/or Regional Advisory Committee?:**

I can do what ever they want me to do

# North Valley Hills Regional Advisory Committee Candidates





## Redacted Membership Application

**MM-543**

**Name:** REDACTED

**Address:** REDACTED

**County of Residence:** Stanislaus

**Email :** REDACTED

**Phone:** REDACTED

**Race:** Hispanic or Latino

**I am a:** person with a developmental disability

**Are you currently employed by, or a member of the governing board of an organization providing services to persons with developmental disabilities?**

No

**Are you a member of a nongovernmental agency that does not receive regional center funding?**

No

**Do you want to serve on the State Council:** Yes, I want to apply to serve on the State Council

**Do you want to serve on a Regional Advisory Committee:** Yes, I want to apply to serve on the Regional Advisory Committee

**How did your interest in, or knowledge of, the developmental disability field and service system develop?**

I am a generally happy young man with a High School Diploma that I am very proud of. I take very good care of my fish and try to help my housemates whenever I can. I really like being able to speak up about people with disabilities and the issues that the folks that I live with are having. I am easily distracted, however, and need someone to help me stay on track. Often times my Prader Willi tendencies/symptoms can get in the way of what I want to say or do.

**What are your areas of interest in the developmental disability field and service system?**

I want to be an advocate.

**Please explain why you wish to serve on the State Council on Developmental Disabilities, or on one of its Regional Advisory Committees:**

I truly enjoy advocating for myself and others. I have been on committee's before and had been a long-standing member of People First while residing at PDC. I also attended the quarterly Human Rights committee meetings with my fellow peers from the Secured Treatment Area. I held many positions in People First such as President, Vice President, and Secretary. I enjoy helping to plan our activities and events and helping to relay the minutes of the meetings to the folks that were living on my residence. I also held several positions in Unit Government and helped my peers' issues be addressed.

**What strengths would you bring to the State Council and/or Regional Advisory Committee?**

My strengths are that I am an outspoken person who enjoys making friends and helping them too. I enjoy group discussions and being able to contribute to the conversation. Being a role model is important to me. I speak English but I also know some Spanish and some sign language. I can read and write well. One of my biggest attributes is that I have a big heart and like to help to others. I like making a contribution. I love horticulture and taking care of plants. My family and friends are very important to me.

## Redacted Membership Application

### **MM-550**

Name: REDACTED

Address: REDACTED

County of Residence: **San Joaquin**

Email : REDACTED

Phone: REDACTED

Race: Hispanic or Latino

I am a: parent, family member, legal guardian or conservator of a person with a developmental disability

**Are you currently employed by, or a member of the governing board of an organization providing services to persons with developmental disabilities?:**

Yes

**Are you a member of a nongovernmental agency that does not receive regional center funding?**

No

**Do you want to serve on the State Council:** Yes, I want to apply to serve on the State Council

**Do you want to serve on a Regional Advisory Committee:** Yes, I want to apply to serve on the Regional Advisory Committee

**How did your interest in, or knowledge of, the developmental disability field and service system develop?:**

Being a part of the parent network developed and the funder of many programs for our community with disabilities, I would love to put my input in this process.

**What are your areas of interest in the developmental disability field and service system?:**

Self Determination and vendor providers

**Please explain why you wish to serve on the State Council on Developmental Disabilities, or on one of its Regional Advisory Committees:**

I would like to better help my community by listening to their needs/concerns and bring to the committees to better serve and probably adding or make changes.

**What strengths would you bring to the State Council and/or Regional Advisory Committee?:**

I am bilingual, immigrant with life experiences that had taught me how to be resourceful to have empathy for others in need, I am also a community Promotora too, public speaker and more.

## Redacted Membership Application

**MM-552**

Name: REDACTED

Address: REDACTED

County of Residence: **Stanislaus**

Email : REDACTED

Phone: REDACTED

Race: White

I am a: parent, family member, legal guardian or conservator of a person with a developmental disability, representative of the general public

**Are you currently employed by, or a member of the governing board of an organization providing services to persons with developmental disabilities?:**

No

**Are you a member of a nongovernmental agency that does not receive regional center funding?**

No

**Do you want to serve on the State Council:** Yes, I want to apply to serve on the State Council

**Do you want to serve on a Regional Advisory Committee:** Yes, I want to apply to serve on the Regional Advisory Committee

**How did your interest in, or knowledge of, the developmental disability field and service system develop?:**

SCDD and Valley Mountain Regional Center advisory committee meeting

**What are your areas of interest in the developmental disability field and service system?:**

Advocacy, Education, Self-determination, Treatment Planning/Clinical Services

**Please explain why you wish to serve on the State Council on Developmental Disabilities, or on one of its Regional Advisory Committees:**

To support rights, services and education of individuals with developmental disabilities and their family/support network.

**What strengths would you bring to the State Council and/or Regional Advisory Committee?:**

I have an adult sister and adult step brother with development disabilities and have advocated for them and have worked in the field of special education for 25 years as a clinical service provider with edposure

and knowledge of working with diverse multicultural populations. I have a doctorate degree in Clinical Psychology. In addition I have a strong background, knowledge and awareness of the IEP and IPP process as well as services offered by the school districts, SELPAs and Regional Centers both in Northern and Southern California through services I have provided across DD populations and with family members who are regional center consumers.

# Central Coast Regional Advisory Committee Candidates





## Redacted Membership Application

**MM-522**

Name: REDACTED

Address: REDACTED

County of Residence: **California**

Email : REDACTED

Phone: REDACTED

Race: Asian

I am a: parent, family member, legal guardian or conservator of a person with a developmental disability, representative of the general public

**Are you currently employed by, or a member of the governing board of an organization providing services to persons with developmental disabilities?:**

No

**Are you a member of a nongovernmental agency that does not receive regional center funding?**

No

**Do you want to serve on the State Council:**

**Do you want to serve on a Regional Advisory Committee:** Yes, I want to apply to serve on the Regional Advisory Committee

**How did your interest in, or knowledge of, the developmental disability field and service system develop?:**

I have always been civically engaged and active within my community. I attest this desire to give back and volunteer because of my background growing up as a low income student and being a first generation college student. Although I have overcome adversity and been deemed successful, I acknowledge and understand that my accomplishments would not be possible without the support and encouragement from influential and supportive people in my life. Therefore, I feel it is my ethical responsibility to be civically engaged and give back, when I am available and capable. My interest and knowledge of the developmental field and service system developed when my nephew was diagnosed at the age of two with Autism Spectrum Disorder (ASD). Even before his diagnosis, I was an involved uncle as I love children. However, after his diagnosis, my involvement grew and intensified as I sought out

resources and services to ensure that he would have the best opportunity to develop, grow, and thrive as much as possible. By working in the field on behalf of my nephew and family, I witness first hand the disparities that exist in various fields and systems, such as education and medicine. With my own knowledge and experience, I would like to continue my growth and development for my nephew, other families, and the community in order to help them navigate similar and dire predicaments.

**What are your areas of interest in the developmental disability field and service system?:**

Currently, my interests are: early intervention services, grade and secondary school, self-advocacy, and housing. Within these areas, I believe that there can be more growth and improvement as individuals with disabilities are often treated as second class citizens and often invisible within our society. By improving the aforementioned areas, I believe that individuals with disabilities can be a forethought and be better integrated in our society which would increase visibility, compassion, and understanding.

**Please explain why you wish to serve on the State Council on Developmental Disabilities, or on one of its Regional Advisory Committees:**

I wish to serve on the State Council on Developmental Disability in the Regional Advisory Committee in order to be an active participant and contributor to change. Through serving on the Regional Advisory Committee, I will have the opportunity to work with a diverse group of constituents who are both passionate and dedicated to improving outcomes and the quality of life for individuals with disabilities. Additionally, it will also be a setting for me to learn, grow, and develop interpersonally and professionally as I navigate the system for my nephew and share this information with other families in need simultaneously.

**What strengths would you bring to the State Council and/or Regional Advisory Committee?:**

On the Regional Advisory Committee, I would bring my strong communication skills, both written and verbal. Additionally, I am a strong critical and analytical thinker who is capable and comfortable working individually or collaboratively. I am a servant leader who welcomes insight and voices from others to ensure that my work is reflective of community needs and desires.

## Redacted Membership Application

**MM-565**

Name: REDACTED

Address: REDACTED

County of Residence: **Santa Clara**

Email : REDACTED

Phone: REDACTED

Race: White

I am a: person with a developmental disability

**Are you currently employed by, or a member of the governing board of an organization providing services to persons with developmental disabilities?:**

No

**Are you a member of a nongovernmental agency that does not receive regional center funding?**

No

**Do you want to serve on the State Council:**

**Do you want to serve on a Regional Advisory Committee:** Yes, I want to apply to serve on the Regional Advisory Committee

**How did your interest in, or knowledge of, the developmental disability field and service system develop?:**

I found an interest in this field due to working at a cafe called Ada's Cafe which is located in Palo Alto on Middlefield. At this Cafe they hire adults with disabilities. And they empower them as well. The owner has a son with a disability and wanted to open the Cafe for people like him to make sure disabled people get equal work.

**What are your areas of interest in the developmental disability field and service system?:**

My interests are disabled employment as well as education for disabled people and working to improve rights for people. with disabilities.

**Please explain why you wish to serve on the State Council on Developmental Disabilities, or on one of its Regional Advisory Committees:**

I wish to serve on the Regional committee because I have had a very specific experience with my disability and I want to help and advocate for those who need help specifically I want to help everyone with a disability and all types.

**What strengths would you bring to the State Council and/or Regional Advisory Committee?:**

A huge interest in others problems, huge amount of empathy as well and a finding a way to help people

## Redacted Membership Application

**MM-573**

Name: REDACTED

Address: REDACTED

County of Residence: **CA**

Email : REDACTED

Phone: REDACTED

Race: Hispanic or Latino

I am a: parent, family member, legal guardian or conservator of a person with a developmental disability

**Are you currently employed by, or a member of the governing board of an organization providing services to persons with developmental disabilities?:**

No

**Are you a member of a nongovernmental agency that does not receive regional center funding?**

No

**Do you want to serve on the State Council:** Yes, I want to apply to serve on the State Council

**Do you want to serve on a Regional Advisory Committee:** Yes, I want to apply to serve on the Regional Advisory Committee

**How did your interest in, or knowledge of, the developmental disability field and service system develop?:**

I am the mother of a child with multiple developmental disabilities and that has given me perspective regarding the importance of knowing about the services needed to support people with disabilities. As an advocate, I have been very aware to educate and help parents understand the need to access those services.

**What are your areas of interest in the developmental disability field and service system?:**

advocacy, policy making, education, minority inclusion, and cultural awareness

**Please explain why you wish to serve on the State Council on Developmental Disabilities, or on one of its Regional Advisory Committees:**

I wish to serve on the State Council on Developmental Disabilities because as a mother, advocate, and UC Davis MIND LEND trainee, I have compiled resources and experiences to really understand the level of disadvantage that minorities (like the latino, Spanish only population which I work closely with) undergo for the mere reason of not having access to information, either because of the language limitations or

(and) the lack of understanding of the cultural elements that are involved in getting, accessing, and receiving services.

**What strengths would you bring to the State Council and/or Regional Advisory Committee?:**

I am an experienced bilingual classroom teacher, instructional coach, English Language Development PD and curriculum developer which gives me a very clear vision about education. Also, having worked all my professional life with disadvantaged population has given me perspective regarding what they are able and unable to access (sometimes even if sometimes is available). Educating and advocating for parents of children with DDs in the past years has given me the opportunity to see how when besides telling about resources the access and the guidance is given, there is a greater chance of success. Additionally, being a LEND trainee at the MIND institute has given me innumerable tools when it comes to understanding the science, the processes, and the policies that many parents of children with disabilities are unaware of and that would be a game changer in their lives and the lives of their children.

## Redacted Membership Application

**MM-578**

Name: REDACTED

Address: REDACTED

County of Residence: **ventura**

Email : REDACTED

Phone: REDACTED

Race: White

I am a: person with a developmental disability

**Are you currently employed by, or a member of the governing board of an organization providing services to persons with developmental disabilities?:**

No

**Are you a member of a nongovernmental agency that does not receive regional center funding?**

No

**Do you want to serve on the State Council:**

**Do you want to serve on a Regional Advisory Committee:** Yes, I want to apply to serve on the Regional Advisory Committee

**How did your interest in, or knowledge of, the developmental disability field and service system develop?:**

I am currently on the Rac and I would like to go for a second term.

**What are your areas of interest in the developmental disability field and service system?:**

advocacy, running on the state council for Developmental Disabilities, and providing them with needs

**Please explain why you wish to serve on the State Council on Developmental Disabilities, or on one of its Regional Advisory Committees:**

after 2021

**What strengths would you bring to the State Council and/or Regional Advisory Committee?:**

Experience with guest Speaking at the state Level, and speaking at Public Hearings.

# Sequoia

## Regional Advisory Committee Candidates



## Redacted Membership Application

### **MM-554**

Name: REDACTED

Address: REDACTED

County of Residence: **California**

Email : REDACTED

Phone: REDACTED

Race: White

I am a: parent, family member, legal guardian or conservator of a person with a developmental disability

**Are you currently employed by, or a member of the governing board of an organization providing services to persons with developmental disabilities?:**

No

**Are you a member of a nongovernmental agency that does not receive regional center funding?**

No

**Do you want to serve on the State Council:** Yes, I want to apply to serve on the State Council

**Do you want to serve on a Regional Advisory Committee:** Yes, I want to apply to serve on the Regional Advisory Committee

**How did your interest in, or knowledge of, the developmental disability field and service system develop?:**

My son has autism and attention deficit disorder and special needs. Learning to navigate the system to get him the services and help he needs started my interest and want to help others.

**What are your areas of interest in the developmental disability field and service system?:**

To learn what knowledge and studies are available to develop and improve existing programs to bring the help and support those with needs.

**Please explain why you wish to serve on the State Council on Developmental Disabilities, or on one of its Regional Advisory Committees:**

I have a son who has special needs, and am interested in helping him and others with special needs in our community to find a path to get the help they need that may be offered, to achieve their goals and live their best lives. By serving the community in this capacity, I hope to not only learn, but to represent the area, and pass my knowledge to others, and to help make positive changes to help my region.

**What strengths would you bring to the State Council and/or Regional Advisory Committee?:**  
Government background, parent of a special needs child, and interest in science and social work.

# Los Angeles Regional Advisory Committee Candidates





## Redacted Membership Application

**MM-532**

Name: REDACTED

Address: REDACTED

County of Residence: **CA**

Email : REDACTED

Phone: REDACTED

Race: Hispanic or Latino

I am a: representative of the general public

**Are you currently employed by, or a member of the governing board of an organization providing services to persons with developmental disabilities?:**

No

**Are you a member of a nongovernmental agency that does not receive regional center funding?**

No

**Do you want to serve on the State Council:** Yes, I want to apply to serve on the State Council

**Do you want to serve on a Regional Advisory Committee:** Yes, I want to apply to serve on the Regional Advisory Committee

**How did your interest in, or knowledge of, the developmental disability field and service system develop?:**

My interest developed as a young person in middle school who would volunteer and advocate for my peers who were in the special education classroom at my local school. After high school, I went on to become a paraprofessional while I worked on my undergrad degree and Masters degree. I obtained my Masters in Special Education and was a Special Education Teacher for LAUSD for 7 years. I am currently an out of state Special Education Doctoral candidate from the George Washington University.

**What are your areas of interest in the developmental disability field and service system?:**

The use of 21st century skill development and the transition experience from high school to post-high school outcomes of young people with disabilities.

**Please explain why you wish to serve on the State Council on Developmental Disabilities, or on one of its Regional Advisory Committees:**

I would like serve on the State Council on Developmental Disabilities or one of the its Regional Advisory Committees because I would like to put my newly obtained knowledge to practice and and give back to my community.

**What strengths would you bring to the State Council and/or Regional Advisory Committee?:**

I am very passionate about special education, public policy, and the use of 21st century technology to enrich the lives of all.

## Redacted Membership Application

**MM-551**

Name: REDACTED

Address: REDACTED

County of Residence: **Los Angeles**

Email : REDACTED

Phone: REDACTED

Race: Hispanic or Latino

I am a: parent, family member, legal guardian or conservator of a person with a developmental disability

**Are you currently employed by, or a member of the governing board of an organization providing services to persons with developmental disabilities?:**

No

**Are you a member of a nongovernmental agency that does not receive regional center funding?**

No

**Do you want to serve on the State Council:**

**Do you want to serve on a Regional Advisory Committee:** Yes, I want to apply to serve on the Regional Advisory Committee

**How did your interest in, or knowledge of, the developmental disability field and service system develop?:**

I am a parent of child with a Developmental Disability that had to do a lot of advocacy for my child so he could receive the services that he needs to be successful.

**What are your areas of interest in the developmental disability field and service system?:**

Regional Center is my main interest. I am also interested in Special Education and all governmental benefits.

**Please explain why you wish to serve on the State Council on Developmental Disabilities, or on one of its Regional Advisory Committees:**

Because I would like to help my community so our children can get what they need to be successful in life.

**What strengths would you bring to the State Council and/or Regional Advisory Committee?:**

I am bilingual (English/Spanish), I am good with technology and social media, I am a strong advocate and

I really care about the Developmental Disabilities community.

## Redacted Membership Application

### **MM-556**

Name: REDACTED

Address: REDACTED

County of Residence: **CA**

Email : REDACTED

Phone: REDACTED

Race: Hispanic or Latino, White

I am a: parent, family member, legal guardian or conservator of a person with a developmental disability

**Are you currently employed by, or a member of the governing board of an organization providing services to persons with developmental disabilities?:**

No

**Are you a member of a nongovernmental agency that does not receive regional center funding?**

Yes

**Do you want to serve on the State Council:** Yes, I want to apply to serve on the State Council

**Do you want to serve on a Regional Advisory Committee:** Yes, I want to apply to serve on the Regional Advisory Committee

**How did your interest in, or knowledge of, the developmental disability field and service system develop?:**

My only son was diagnosed with developmental disability after 3 years of diagnosed with depression. Everyone missed it because he is verbal and academically gifted. So, I am able to contribute my personal experience yet this is relatively a new diagnosis.

**What are your areas of interest in the developmental disability field and service system?:**

I am relatively new to this but I have a strong background in disabilities in general and Work Force Development with quality assurance.

**Please explain why you wish to serve on the State Council on Developmental Disabilities, or on one of its Regional Advisory Committees:**

I am the parent of a teenager who was diagnosed at 14 one month away from 15. Yet, we all struggle with it sign and symptoms since he was little we just didn't know what to call it. It was intense in 7th grade to the point of multiple hospitalizations. If I could do 1 thing so other people don't go thru the hell my family went, I would like to do so. My education as a register nurse and my work experience as a

disability coordinator trained by city of Los Angeles WIOA program ground me to see this at a different level that just only as parent.

**What strengths would you bring to the State Council and/or Regional Advisory Committee?:**

I am attentive to detail as my previous work of escrow officer assistant of 10 year., I have been trained by EEO compliance by the city of Los Angeles WIOA program. I am also a resourceful parent of a child with autism. I know the challenges and the resources.

## Redacted Membership Application

### **MM-560**

Name: REDACTED

Address: REDACTED

County of Residence: **Los angeles**

Email : REDACTED

Phone: REDACTED

Race: Hispanic or Latino

I am a: parent, family member, legal guardian or conservator of a person with a developmental disability

**Are you currently employed by, or a member of the governing board of an organization providing services to persons with developmental disabilities?:**

No

**Are you a member of a nongovernmental agency that does not receive regional center funding?**

No

**Do you want to serve on the State Council:** Yes, I want to apply to serve on the State Council

**Do you want to serve on a Regional Advisory Committee:** Yes, I want to apply to serve on the Regional Advisory Committee

**How did your interest in, or knowledge of, the developmental disability field and service system develop?:**

Haven kids special needs

**What are your areas of interest in the developmental disability field and service system?:**

Especial educacion

**Please explain why you wish to serve on the State Council on Developmental Disabilities, or on one of its Regional Advisory Committees:**

Support parent

**What strengths would you bring to the State Council and/or Regional Advisory Committee?:**

Orange

## Redacted Membership Application

**MM-561**

Name: REDACTED

Address: REDACTED

County of Residence: **Los angeles**

Email : REDACTED

Phone: REDACTED

Race: Hispanic or Latino

I am a: parent, family member, legal guardian or conservator of a person with a developmental disability

**Are you currently employed by, or a member of the governing board of an organization providing services to persons with developmental disabilities?:**

No

**Are you a member of a nongovernmental agency that does not receive regional center funding?**

No

**Do you want to serve on the State Council:** Yes, I want to apply to serve on the State Council

**Do you want to serve on a Regional Advisory Committee:** Yes, I want to apply to serve on the Regional Advisory Committee

**How did your interest in, or knowledge of, the developmental disability field and service system develop?:**

Haven't special kids

**What are your areas of interest in the developmental disability field and service system?:**

Everything

**Please explain why you wish to serve on the State Council on Developmental Disabilities, or on one of its Regional Advisory Committees:**

To be able to learn more

**What strengths would you bring to the State Council and/or Regional Advisory Committee?:**

Educate parents with special children

## Redacted Membership Application

**MM-562**

Name: REDACTED

Address: REDACTED

County of Residence: **California**

Email : REDACTED

Phone: REDACTED

Race: disabled

I am a: person with a developmental disability

**Are you currently employed by, or a member of the governing board of an organization providing services to persons with developmental disabilities?:**

No

**Are you a member of a nongovernmental agency that does not receive regional center funding?**

No

**Do you want to serve on the State Council:** Yes, I want to apply to serve on the State Council

**Do you want to serve on a Regional Advisory Committee:** Yes, I want to apply to serve on the Regional Advisory Committee

**How did your interest in, or knowledge of, the developmental disability field and service system develop?:**

People First

**What are your areas of interest in the developmental disability field and service system?:**

Housing, Treating civilians and giving them their rights to broaden self-determination

**Please explain why you wish to serve on the State Council on Developmental Disabilities, or on one of its Regional Advisory Committees:**

It is about the system it is about love of the the work our civilians +clients, participants.

**What strengths would you bring to the State Council and/or Regional Advisory Committee?:**

make it better participants get employed +strengthen self-determination

## Redacted Membership Application

**MM-569**

Name: REDACTED

Address: REDACTED

County of Residence: **California**

Email : REDACTED

Phone: REDACTED

Race: Hispanic or Latino

I am a: parent, family member, legal guardian or conservator of a person with a developmental disability

**Are you currently employed by, or a member of the governing board of an organization providing services to persons with developmental disabilities?:**

Yes

**Are you a member of a nongovernmental agency that does not receive regional center funding?**

Yes

**Do you want to serve on the State Council:** Yes, I want to apply to serve on the State Council

**Do you want to serve on a Regional Advisory Committee:** Yes, I want to apply to serve on the Regional Advisory Committee

**How did your interest in, or knowledge of, the developmental disability field and service system develop?:**

Interest in

**What are your areas of interest in the developmental disability field and service system?:**

Developmental Disability

**Please explain why you wish to serve on the State Council on Developmental Disabilities, or on one of its Regional Advisory Committees:**

Developmental Disabilities

**What strengths would you bring to the State Council and/or Regional Advisory Committee?:**

State Council

## Redacted Membership Application

**MM-572**

Name: REDACTED

Address: REDACTED

County of Residence: **los angeles ca**

Email : REDACTED

Phone: REDACTED

Race: Hispanic or Latino

I am a: parent, family member, legal guardian or conservator of a person with a developmental disability

**Are you currently employed by, or a member of the governing board of an organization providing services to persons with developmental disabilities?:**

No

**Are you a member of a nongovernmental agency that does not receive regional center funding?**

No

**Do you want to serve on the State Council:** Yes, I want to apply to serve on the State Council

**Do you want to serve on a Regional Advisory Committee:** Yes, I want to apply to serve on the Regional Advisory Committee

**How did your interest in, or knowledge of, the developmental disability field and service system develop?:**

muy bien me gusta apoyar a los padres a navegar el sistema educativo y las directivas apoyando a las familias necesitadas brindando información para sus procesos y colaborando en grupos de padres con niños de necesidades especiales

**What are your areas of interest in the developmental disability field and service system?:**

abogacía por los derechos de los miembros conocimiento de la tecnología y conocimiento de las leyes de California apoyando a los padres en el sistema

**Please explain why you wish to serve on the State Council on Developmental Disabilities, or on one of its Regional Advisory Committees:**

para ayudar a los padres como yo a sus necesidades y que sus voces sean escuchadas a una mejor calidad de vida posible

**What strengths would you bring to the State Council and/or Regional Advisory Committee?:**

muchas ideas asesorar a otros padres y trabajar con el equipo

## Redacted Membership Application

**MM-579**

Name: REDACTED

Address: REDACTED

County of Residence: **CA**

Email : REDACTED

Phone: REDACTED

Race: Hispanic or Latino

I am a: parent, family member, legal guardian or conservator of a person with a developmental disability

**Are you currently employed by, or a member of the governing board of an organization providing services to persons with developmental disabilities?:**

Yes

**Are you a member of a nongovernmental agency that does not receive regional center funding?**

No

**Do you want to serve on the State Council:** Yes, I want to apply to serve on the State Council

**Do you want to serve on a Regional Advisory Committee:** Yes, I want to apply to serve on the Regional Advisory Committee

**How did your interest in, or knowledge of, the developmental disability field and service system develop?:**

I have family members with developmental disabilities and grew up seeing their needs and resources change over the years.

**What are your areas of interest in the developmental disability field and service system?:**

Family resources, community access, health services access, transportation accessibility, enrichment opportunities, and marriage equality.

**Please explain why you wish to serve on the State Council on Developmental Disabilities, or on one of its Regional Advisory Committees:**

I want to learn more about how the state is serving people with developmental disabilities and help raise concerns about current and future accessibility issues.

**What strengths would you bring to the State Council and/or Regional Advisory Committee?:**

My experience as a family member and care giver of someone with a developmental disability and as an

employee of an organization that serves people with developmental disabilities, and has organized monthly, accessible community events for people with developmental disabilities across Los Angeles. My ability to listen to people from different points of view, and learn to adjust as well.

## Redacted Membership Application

**MM-582**

Name: REDACTED

Address: REDACTED

County of Residence: **Los Angeles**

Email : REDACTED

Phone: REDACTED

Race: White

I am a: parent, family member, legal guardian or conservator of a person with a developmental disability

**Are you currently employed by, or a member of the governing board of an organization providing services to persons with developmental disabilities?:**

No

**Are you a member of a nongovernmental agency that does not receive regional center funding?**

No

**Do you want to serve on the State Council:** Yes, I want to apply to serve on the State Council

**Do you want to serve on a Regional Advisory Committee:** Yes, I want to apply to serve on the Regional Advisory Committee

**How did your interest in, or knowledge of, the developmental disability field and service system develop?:**

After years of seeking answers, I finally discovered that my two sons have a Fetal Alcohol Spectrum Disorder (FASD). FASD results from prenatal exposure to alcohol which causes a range of life-time disabilities, including lower IQs, memory problems, learning disabilities, and physical issues (visual, hearing, joints, heart, etc.). This condition affects one in 20. It is a physical disability caused prior to birth that one does not grow out of.

**What are your areas of interest in the developmental disability field and service system?:**

I am President of a FASD nonprofit caregiver support and advocacy group in Southern California where we also provide trainings and sponsor workshops. My interest is in bringing the awareness to FASD that it deserves. It is a developmental disability that affects 1 in 20, but less than 10% of those are diagnosed. There is a woeful lack of diagnostic capacity in California, and therefore little awareness and practically no services that are specifically tailored to the needs of one with a FASD. My goal is, at a minimum, to have those with FASD be eligible for existing services. Much more training of professionals across all systems of service is needed before the expansion of FASD-informed systems can be obtained, which is

my ultimate goal.

**Please explain why you wish to serve on the State Council on Developmental Disabilities, or on one of its Regional Advisory Committees:**

The State Council on Developmental Disabilities appears to have a lack of knowledge and understanding about FASD as a Developmental Disability. My presence would help to create awareness of the disability, get recognition of the need for appropriate services for individuals with FASD and their families, and find ways to provide the appropriate supports for those with FASD.

**What strengths would you bring to the State Council and/or Regional Advisory Committee?:**

I left a high level career in financial investing early to care for my two boys as we were not getting answers to their needs. I was instrumental in forming our informal caregiver group into a 501(c)(3) nonprofit in 2014 and initially served as Treasurer and Secretary. I am also on the CDE's Student Mental Health Policy Workgroup. I have a Masters in Management from the Kellogg Graduate School of Management of Northwestern University in Chicago and hold a Chartered Financial Analyst certificate. My strengths are in finance, research, teamwork, leadership, presenting, organization, and a deep knowledge and lived experience of FASD. FASD is too numerous and costly (to society, family, and the individual) a developmental disability to be ignored.

## Redacted Membership Application

**MM-596**

Name: REDACTED

Address: REDACTED

County of Residence: **Los Angeles**

Email : REDACTED

Phone: REDACTED

Race: Hispanic or Latino

I am a: parent, family member, legal guardian or conservator of a person with a developmental disability

**Are you currently employed by, or a member of the governing board of an organization providing services to persons with developmental disabilities?:**

Yes

**Are you a member of a nongovernmental agency that does not receive regional center funding?**

No

**Do you want to serve on the State Council:** Yes, I want to apply to serve on the State Council

**Do you want to serve on a Regional Advisory Committee:** Yes, I want to apply to serve on the Regional Advisory Committee

**How did your interest in, or knowledge of, the developmental disability field and service system develop?:**

My Disabled Adult Son

**What are your areas of interest in the developmental disability field and service system?:**

Help With Other State Agency's

**Please explain why you wish to serve on the State Council on Developmental Disabilities, or on one of its Regional Advisory Committees:**

To assure that all person with Disabilities are treated Fairly.

**What strengths would you bring to the State Council and/or Regional Advisory Committee?:**

Jesus Christ.

## Redacted Membership Application

### **MM-602**

Name: REDACTED

Address: REDACTED

County of Residence: **Los Angeles**

Email : REDACTED

Phone: REDACTED

Race: Hispanic or Latino

I am a: person with a developmental disability

**Are you currently employed by, or a member of the governing board of an organization providing services to persons with developmental disabilities?:**

Yes

**Are you a member of a nongovernmental agency that does not receive regional center funding?**

No

**Do you want to serve on the State Council:** Yes, I want to apply to serve on the State Council

**Do you want to serve on a Regional Advisory Committee:** Yes, I want to apply to serve on the Regional Advisory Committee

**How did your interest in, or knowledge of, the developmental disability field and service system develop?:**

I served in the board of directors of westside regional center and I have been a self advocate for over 30 years for Disability Rights in services and access to healthcare.

**What are your areas of interest in the developmental disability field and service system?:**

Healthcare access, youth to transition, and the future of SDM in California and specifically in the area on the logistics of the COVID-19 vaccine.

**Please explain why you wish to serve on the State Council on Developmental Disabilities, or on one of its Regional Advisory Committees:**

I want to advocate for the clients who can not speak for themselves.

**What strengths would you bring to the State Council and/or Regional Advisory Committee?:**

Years of experience of leadership in boards, self advocate, and I have worked in workforce development, civil service employee, and I am a former State Appointee to the SILC.

## Redacted Membership Application

### **MM-606**

Name: REDACTED

Address: REDACTED

County of Residence: **USA**

Email : REDACTED

Phone: REDACTED

Race: African- American

I am a: parent, family member, legal guardian or conservator of a person with a developmental disability

**Are you currently employed by, or a member of the governing board of an organization providing services to persons with developmental disabilities?:**

Yes

**Are you a member of a nongovernmental agency that does not receive regional center funding?**

Yes

**Do you want to serve on the State Council:** Yes, I want to apply to serve on the State Council

**Do you want to serve on a Regional Advisory Committee:** Yes, I want to apply to serve on the Regional Advisory Committee

**How did your interest in, or knowledge of, the developmental disability field and service system develop?:**

I am 5th generation of mother's in my family cto have a child with SCD. The state of California is leading in cures and treatments for SCD, but lacking in support for the developmental disabilities that are a large part of having SCD and worsen as patients age contributing to the psycho social and economics of the burden of the disease. Unless we solve developmental disabilities, new treatments and cures alone will not allow for the full advantages of better physical health

**What are your areas of interest in the developmental disability field and service system?:**

Rehabilitation, transition for child to adult, independent living, education and life style redesign and financial independence

**Please explain why you wish to serve on the State Council on Developmental Disabilities, or on one of its Regional Advisory Committees:**

Many of the families I work with are struggle with their children aging out and entering adulthood without tools and support needed to have safe and productive lives. I have looked at programs all over the world

and have seen that there are improvements we can make to improve our programs.

**What strengths would you bring to the State Council and/or Regional Advisory Committee?:**

I had a career in Program Rescue (moving projects from failing to succeeding) thru the use of Design Thinking, Lean and other systems for problem solving and implementation. I have experience as a board member, advisor, committee member on many national and state organizations.

# Orange County Regional Advisory Committee Candidates



## Redacted Membership Application

**MM-577**

Name: REDACTED

Address: REDACTED

County of Residence: **Orange County**

Email : REDACTED

Phone: REDACTED

Race: Hispanic or Latino

I am a: person with a developmental disability

**Are you currently employed by, or a member of the governing board of an organization providing services to persons with developmental disabilities?:**

No

**Are you a member of a nongovernmental agency that does not receive regional center funding?**

No

**Do you want to serve on the State Council:** Yes, I want to apply to serve on the State Council

**Do you want to serve on a Regional Advisory Committee:** Yes, I want to apply to serve on the Regional Advisory Committee

**How did your interest in, or knowledge of, the developmental disability field and service system develop?:**

I have a Disability and i found out about this in my self Advocacy class

**What are your areas of interest in the developmental disability field and service system?:**

vounteer, serve and get more involved

**Please explain why you wish to serve on the State Council on Developmental Disabilities, or on one of its Regional Advisory Committees:**

to help others and to learn more about this

**What strengths would you bring to the State Council and/or Regional Advisory Committee?:**

i live with a disability and i understand what people go throu and i injoy interacting with people

# San Bernardino Regional Advisory Committee Candidates





## Redacted Membership Application

**MM-542**

Name: REDACTED

Address: REDACTED

County of Residence: **San Bernardino**

Email : REDACTED

Phone: REDACTED

Race: Hispanic or Latino

I am a: person with a developmental disability

**Are you currently employed by, or a member of the governing board of an organization providing services to persons with developmental disabilities?:**

No

**Are you a member of a nongovernmental agency that does not receive regional center funding?**

No

**Do you want to serve on the State Council:** Yes, I want to apply to serve on the State Council

**Do you want to serve on a Regional Advisory Committee:** Yes, I want to apply to serve on the Regional Advisory Committee

**How did your interest in, or knowledge of, the developmental disability field and service system develop?:**

School

**What are your areas of interest in the developmental disability field and service system?:**

The legal aspect of disabilities issues

**Please explain why you wish to serve on the State Council on Developmental Disabilities, or on one of its Regional Advisory Committees:**

To make a difference for society of people with disabilities

**What strengths would you bring to the State Council and/or Regional Advisory Committee?:**

Better ideas to amend disabilities' issues

## Redacted Membership Application

**MM-563**

Name: REDACTED

Address: REDACTED

County of Residence: **San Bernardino**

Email : REDACTED

Phone: REDACTED

Race: Hispanic or Latino

I am a: parent, family member, legal guardian or conservator of a person with a developmental disability

**Are you currently employed by, or a member of the governing board of an organization providing services to persons with developmental disabilities?:**

No

**Are you a member of a nongovernmental agency that does not receive regional center funding?**

No

**Do you want to serve on the State Council:**

**Do you want to serve on a Regional Advisory Committee:**

**How did your interest in, or knowledge of, the developmental disability field and service system develop?:**

I have 2 children with disabilities and have my Masters in children with disabilities .

**What are your areas of interest in the developmental disability field and service system?:**

To empower family's and well being of child that need some asset in disability

**Please explain why you wish to serve on the State Council on Developmental Disabilities, or on one of its Regional Advisory Committees:**

To help children of age and there family' s that need it

**What strengths would you bring to the State Council and/or Regional Advisory Committee?:**

I've been an advocate and a speaker for parents and bilingual parents for kids with disability as well. I have work with children with disability for 20 year and have 2 children with disability. One other strength is that see a open to open case at time do of the children disability.

## Redacted Membership Application

**MM-567**

Name: REDACTED

Address: REDACTED

County of Residence: **San Bernardino**

Email : REDACTED

Phone: REDACTED

Race: American Indian/Native Alaskan

I am a: person with a developmental disability

**Are you currently employed by, or a member of the governing board of an organization providing services to persons with developmental disabilities?:**

No

**Are you a member of a nongovernmental agency that does not receive regional center funding?**

No

**Do you want to serve on the State Council:** Yes, I want to apply to serve on the State Council

**Do you want to serve on a Regional Advisory Committee:** Yes, I want to apply to serve on the Regional Advisory Committee

**How did your interest in, or knowledge of, the developmental disability field and service system develop?:**

I have disabilities

**What are your areas of interest in the developmental disability field and service system?:**

More accessibility for all people with disabilities , especially those that are Deaf and HOH.

**Please explain why you wish to serve on the State Council on Developmental Disabilities, or on one of its Regional Advisory Committees:**

I want to make a difference!

**What strengths would you bring to the State Council and/or Regional Advisory Committee?:**

I am compassionate for the needs of others and I have an understanding of what it means to have disabilities/disability

## Redacted Membership Application

**MM-571**

Name: REDACTED

Address: REDACTED

County of Residence: **San Bernardino**

Email : REDACTED

Phone: REDACTED

Race: African- American

I am a: person with a developmental disability, parent, family member, legal guardian or conservator of a person with a developmental disability, representative of the general public

**Are you currently employed by, or a member of the governing board of an organization providing services to persons with developmental disabilities?:**

No

**Are you a member of a nongovernmental agency that does not receive regional center funding?**

Yes

**Do you want to serve on the State Council:** Yes, I want to apply to serve on the State Council

**Do you want to serve on a Regional Advisory Committee:** Yes, I want to apply to serve on the Regional Advisory Committee

**How did your interest in, or knowledge of, the developmental disability field and service system develop?:**

Google

**What are your areas of interest in the developmental disability field and service system?:**

Encourage, Empower the next generations about their rights, services, and supports.

**Please explain why you wish to serve on the State Council on Developmental Disabilities, or on one of its Regional Advisory Committees:**

Be representative for women with disabilities..

**What strengths would you bring to the State Council and/or Regional Advisory Committee?:**

Multicultural & overcoming lifetime of disabilities

## Redacted Membership Application

### **MM-609**

Name: REDACTED

Address: REDACTED

County of Residence: **Inyo is my residence and work in Mono.**

Email : REDACTED

Phone: REDACTED

Race: White

I am a: parent, family member, legal guardian or conservator of a person with a developmental disability, representative of the general public

**Are you currently employed by, or a member of the governing board of an organization providing services to persons with developmental disabilities?:**

No

**Are you a member of a nongovernmental agency that does not receive regional center funding?**

No

**Do you want to serve on the State Council:**

**Do you want to serve on a Regional Advisory Committee:** Yes, I want to apply to serve on the Regional Advisory Committee

**How did your interest in, or knowledge of, the developmental disability field and service system develop?:**

My interest began with my son's regional center referral and has continued ever since. I previously served as a Service Coordinator and oversaw Kern's original SD pilot. I then worked for clients in Self Determination as a Service Broker and I am currently working as an independent facilitator, person-centered service provider and provide free online social support groups for adults.

**What are your areas of interest in the developmental disability field and service system?:**

My main area of interests include community inclusion/integration/access, advocacy, Self Determination, and training. I am also interested in system change to support freedom of choice, respect and dignity.

**Please explain why you wish to serve on the State Council on Developmental Disabilities, or on one of its Regional Advisory Committees:**

I want to contribute in a positive way and support system change; working to break down barriers within systems. I also want to provide representation for underserved and rural communities within California.

**What strengths would you bring to the State Council and/or Regional Advisory Committee?:**

I have a wide range of human service experience and have worked in the Regional Center system, Behavioral Health System, Public Health System, Criminal Justice System, Veterans' Affairs System, and Self Determination System. I also have extensive emergency management experience, program development and project management. In all of these systems I have had the privilege of working with a wide variety of individuals, backgrounds and disabilities.

# San Diego/Imperial



## Regional Advisory Committee Candidates

NO NEW APPLICANTS – REVIEWING REAPPOINTMENTS

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April 27, 2021

**AGENDA ITEM 12.  
INFORMATIONAL ITEM**

**STATE COUNCIL ON DEVELOPMENTAL DISABILITIES – MEMBERSHIP  
COMMITTEE**

***Local Self-Determination Advisory Committee (SDAC) Roster***

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Members will review the local SDAC roster for vacancies.

***Attachment(s)***

Local Self-Determination Advisory Committee Roster

**Self-Determination Local Advisory Committee  
Membership Roster -- Updated 12/14/2020**

**App No. NORTH COAST OFFICE - SDAC Members  
REGIONAL CENTER - REDWOOD COAST**

	<b>Name</b>	<b>Appointment</b>	<b>Race</b>	<b>Status</b>
X1	Pam Jensen	SCDD	Caucasian	Professional
X2	Robert Taylor	RCRC	Caucasian	SA
X3	Kara Ponton	RCRC	Caucasian	SA
X4	Ronald Piazza	RCRC	Caucasian	SA
X5	Clifford Black	DRC		DRC/OCRA
74	Frank Van Curen	SCDD	Hispanic	SA
139	Kristy Tanguay	SCDD	White	CA/FA
	<b>VACANT</b>	<b>SCDD</b>		

**App No. NORTH STATE OFFICE - SDAC Members  
REGIONAL CENTER - FAR NORTHERN REGIONAL CENTER**

	<b>Name</b>	<b>Appointment</b>	<b>Race</b>	<b>Status</b>
X6	Stephen Concklin	SCDD	White	FA
X8	Charles Nutt	SCDD	White	SA
X11	Kim Leeseman	FNRC	White	SA
X12	Kathy Brown	FNRC	White	FA
X13	Jennifer Bowman	FNRC	White	Service Provider
X15	Kimberlee Candela (DRC)	DRC	White	CRA
30	Carroll, Sara	SCDD	White	FA & Other
XX	Tammy Torum	FNRC	White	Service Provider
156	Selene Mercado	SCDD	Hispanic	FA
XX	Fred Sherman	FNRC	White	FA

**Self-Determination Local Advisory Committee  
Membership Roster -- Updated 12/14/2020**

<b>App No.</b>	<b>SACRAMENTO OFFICE - SDAC Members</b>			
	<b>REGIONAL CENTER - ALTA CALIFORNIA REGIONAL CENTER</b>			
	<b>Name</b>	<b>Appointment</b>	<b>Race</b>	<b>Status</b>
X16	Lisa Cooley	SCDD	African-American	Self-Advocate
X18	Joyce McNair	SCDD	African-American	Family Advocate
X19	Kimberly Terrell	SCDD	Caucasian	Self-Advocate
X20	Luis Rivera	ACRC	Hispanic-Latino	Family Advocate
X179	Daniel Meadows	ACRC	African-American	SA
X180	Cristal Cabbat	ACRC	Caucasian	FA
X181	Niccole Pitz	ACRC		FA
X182	Tom Hopkins	ACRC	Caucasian	SA
X183	Benita Ayala	ACRC	African-American	FA
X24	Brittnee Gillespie (DRC)	DRC	African-American	OCRA
64	Meena Kalyanasundaram		Asian	Family Advocate
65	Kenya Martinez		African-American	Family Advocate
97	Teresa Schmalz	ACRC		Family Advocate
	VACANT	SCDD		

<b>App No.</b>	<b>NORTH BAY OFFICE - SDAC Members</b>			
	<b>REGIONAL CENTER - NORTH BAY REGIONAL CENTER</b>			
	<b>Name</b>	<b>Appointment</b>	<b>Race</b>	<b>Status</b>
X25	Ana Acosta	SCDD	Hispanic	Family
X26	Sonia Jones - Chair	SCDD	African American	Self-Advocate
X28	Gail Thompson	SCDD	Not Indicated	Family
X30	Jerry Corradi	NBRC	White	Other/Professional
X31	Debra Hight - Co Chair	NBRC	White	Family
X32	Jessica Levi	NBRC	Not Indicated	Family
X33	Yulahlia Hernandez (DRC)	DRC	Hispanic	Other/Professional

**Self-Determination Local Advisory Committee  
Membership Roster -- Updated 12/14/2020**

Candice Chia  
Marylou Hilberg

NBRC  
NBRC

Asian  
Not Indicated

Family  
family

**Self-Determination Local Advisory Committee  
Membership Roster -- Updated 12/14/2020**

<b>App No. BAY AREA OFFICE - SDAC Members</b>				
<b>REGIONAL CENTER - GOLDEN GATE REGIONAL CENTER</b>				
	<b>Name</b>	<b>Appointment</b>	<b>Race</b>	<b>Status</b>
	VACANT			
X35	Elizabeth Grigsby	GGRC	African American	SA/Provider
X36	Jennifer Walsh, <b>Co-Chair</b>	SCDD	Caucasian	SA
X37	Connie Johnson	GGRC	Caucasian	FA
X38	Alyson Sinclair	GGRC	Caucasian	FA
	Alex Gastelum	OCRA	Hispanic / Latino	OCRA
X41	Sascha Bittner, <b>Chair</b>	SCDD	Caucasian	SA
117	Christine Kantor	SCDD	Asian	FA

<b>App No. BAY AREA OFFICE - SDAC Members</b>				
<b>REGIONAL CENTER - REGIONAL CENTER OF THE EAST BAY</b>				
	<b>Name</b>	<b>Appointment</b>	<b>Race</b>	<b>Status</b>
next appl	Sandra Coss	RCEB	Hispanic	Other
X44	Irene Litherland, <b>Chair</b>	SCDD	Caucasian	FA
1	Pei Wang	SCDD	Asian	FA
X45	Dianne Millner	SCDD	African Am	FA
X46	Vi Ibarra	RCEB	Caucasian	FA
X47	Arthur Lipscomb	OCRA	African American	OCRA
X48	Pamela Baird	RCEB	Caucasian	FA
X49	Morena Grimaldi	RCEB	Hispanic / Latina	FA
X51	Melissa Crisp-Cooper, <b>Co-Chair</b>	RCEB	Caucasian	SA
98	Neil Jacobson	SCDD	Caucasian	SA
107	Jocelyn Manalac	SCDD	Asian	FA

**Self-Determination Local Advisory Committee  
Membership Roster -- Updated 12/14/2020**

<b>App No. NORTH VALLEY HILLS OFFICE - SDAC Members</b>				
<b>REGIONAL CENTER - VALLEY MOUNTAIN REGIONAL CENTER</b>				
	<b>Name</b>	<b>Appointment</b>	<b>Race</b>	<b>Status</b>
	Bonacci, Karen (Vice Chair)	VMRC	Hispanic	FA
	Bonacci, Mary	VMRC	Hispanic	SA
137	Collie, Sue	SCDD	Caucasian	FA
138	Collie, Tim	SCDD	Caucasian	SA
37	Culley, Lisa (Secretary)	SCDD	Caucasian	FA & Other
135	Espinoza, Araceli	SCDD	Hispanic	FA
	Estrada, Gricelda	VMRC	Hispanic	FA
	Forest, John	VMRC	Caucasian	FA
X56	Lazaro, Claire	VMRC	Filipino	FA
X55	Mickahail, Al	SCDD	Caucasian	FA
136	Chable-Poot, Rosa	SCDD	Hispanic	FA
	Ramos, Mariela (CHAIR)	VMRC	Hispanic	FA
61	Kerstin Williams	SCDD	African-American	SA
	DRC OCRA Vacant (temp email)	statute	n/a	Statute

<b>App No. CENTAL COAST OFFICE - SDAC Members</b>				
<b>REGIONAL CENTER - TRI-COUNTIES REGIONAL CENTER</b>				
	<b>Name</b>	<b>Appointment</b>	<b>Race</b>	<b>Status</b>
60	Jason Farrar (no participation so appointment should be terminated)	SCDD	Caucasian	SA
X61	Mara Rupert	SCDD	Caucasian	SA
28	Ellen Hunt	SCDD	Caucasian	FA
10	Casey Taylor	SCDD	Caucasian	FA
X62	Chris Benedict	TCRC	Caucasian	SA
X65	Marcia Eichelberger	TCRC	Caucasian	FA
X66	Sandra Waterbury	TCRC	Caucasian	FA
X67	Ashley Pope	TCRC	Caucasian	FA
X68	Darylene Williams	TCRC	Caucasian	FA
	Erica Clark, OCRA	OCRA/DRC		OCRA

**Self-Determination Local Advisory Committee  
Membership Roster -- Updated 12/14/2020**

<b>App No. CENTAL COAST OFFICE - SDAC Members</b>				
<b>REGIONAL CENTER - SAN ANDREAS REGIONAL CENTER</b>				
	<b>Name</b>	<b>Appointment</b>	<b>Race</b>	<b>Status</b>
X70	Doug Pascover	SCDD	Caucasian	CA
X71	Connie Boyar	SCDD	Caucasian	FA
X73	David Forderer	SCDD	Caucasian	SA
X74	Lori Luzader McDonnal	SARC	Caucasian	CA
X77	Martha Johnson (Chair)	SARC	Hispanic	FA
X78	Cherri Alcontara	DRC	Asian	DRC
31	Kathy Tanner	SCDD	Caucasion	FA
X79	Suzanne Francisco	SARC	Caucasion	FA
X80	Kishan Sreednar	SARC	Asian	CA
56	Kavita Sreedhar	SCDD	Asian	FA
	Tran Huyen Tran	SARC	Asian	CA
	Bernardino Sunglao	SARC	Philippine	CA

<b>App No. SEQUOIA OFFICE - SDAC Members</b>				
<b>REGIONAL CENTER - CENTAL VALLEY REGIONAL CENTER</b>				
	<b>Name</b>	<b>Appointment</b>	<b>Race</b>	<b>Status</b>
X81	Guzman, Gloria	SCDD	Hispanic	SA
X82	Pickens, Cindy	SCDD	White	FA
X83	Smith, Michelle	SCDD	White	FA
X84	Benson, Robert "Bob"	CVRC	White	FA
X85	Vasquez, Elizabeth	CVRC	Hispanic	
			Hispanic/Native	
X86	Guimont, Reva	CVRC	American	FA
X87	Harrell, Tracy	CVRC	White	SA
X88	Rachel Hagans	CVRC	Hispanic	CVRC Director of Case Management

**Self-Determination Local Advisory Committee  
Membership Roster -- Updated 12/14/2020**

X89	Elisa Escareno	CVRC	Hispanic	SDP Program Mananger
X90	Tellalian, Carolyn	CVRC	Armenian	FA
144	Nick Lutton	SCDD	White	FA
X91	Yolanda Cruz	SCDD		SCDD

**App No. LOS ANGELES OFFICE - SDAC Members  
REGIONAL CENTER 1 - WESTSIDE REGIONAL CENTER**

	<b>Name</b>	<b>Appointment</b>	<b>Race</b>	<b>Status</b>
13	Felicia Ford	SCDD	African-American	Family Advocate
X95	Fran Goldfarb	SCDD	White	Family Advocate
X96	Brett Gordon	SCDD	White	Self-Advocate
X98	Nilo Choudhry	WRC	Asian	Family Advocate
X99	Betty Grimble	WRC	African-American	Family Advocate
X100	Elizabeth Gomez	WRC	Hispanic	Family Advocate
X101	Harvey Lapin	WRC	White	Family Advocate
X102	*Judy Mark (Chair)	WRC	White	Family Advocate
71	Joseph Juarez	SCDD	Hispanic	Self-Advocate
	Kristin Evans (DRC)	DRC		
148	Carla Lehmann	SCDD	Hispanic	Family Advocate
160	Kim Watson	SCDD CONTINGENT		

**App No. LOS ANGELES OFFICE - SDAC Members  
REGIONAL CENTER 2 - NORTH LOS ANGELES REGIONAL CENTER**

	<b>Name</b>	<b>Appointment</b>	<b>Race</b>	<b>Status</b>
X104	Richard Dier	SCDD	White	Family Advocate
5	Jordan Feinstock	SCDD	White	Self-Advocate
6	Cheryl Hendrickson	SCDD	Black	Family Advocate
X105	Sandra Baker	SCDD	Latino	Family Advocate
X106	Ellen Jannol (vice-chair)	SCDD	White	Family Advocate
X107	Victoria Berry	NLACRC	White	Family Advocate

**Self-Determination Local Advisory Committee  
Membership Roster -- Updated 12/14/2020**

	Christina Cannarella	NLACRC	White	Family Advocate
X109	Lillian Martinez	NLACRC	Latino	Family Advocate
X110	Jon Francis (Chair)	NLACRC	White	Other
X111	Lori Walker	NLACRC	White	Family Advocate
	Diana Padilla Garcia	SCDD Contingent	Latino	Family Advocate
	Roxanna Topete (DRC)	DRC		

**Self-Determination Local Advisory Committee  
Membership Roster -- Updated 12/14/2020**

<b>App No. LOS ANGELES OFFICE - SDAC Members</b>				
<b>REGIONAL CENTER 3 - SOUTH CENTRAL LOS ANGELES REGIONAL CENTER</b>				
	<b>Name</b>	<b>Appointment</b>	<b>Race</b>	<b>Status</b>
X113	Sherry Johnson Alvarez (Chair)	SCDD	African-American	FA
X114	Alnita Dunn	SCDD	African-American	Other
X115	Luz Hernandez Gutierrez	SCDD	Latino	FA
X116	Alberta Moore	SCDD	African-American	FA
X117	Antwan Jones	SCLARC	African-American	SA
X118	Diana Uglade-Lara	SCLARC	Latino	SA
X119	Terrance Payne	SCLARC	African-American	FA
X120	Stephanie Arlaud	SCLARC	African-American	Other
X121	Raul Muñoz	SCLARC	Latino	SA
	Megan Buckles (DRC)	DRC	White	OCRA
159	Armida Yuleny Ochoa	SCDD	Hispanic	CA

<b>App No. LOS ANGELES OFFICE - SDAC Members</b>				
<b>REGIONAL CENTER 4 - FRANK D. LANTERMAN REGIONAL CENTER</b>				
	<b>Name</b>	<b>Appointment</b>	<b>Race</b>	<b>Status</b>
X123	Howard McBroom	SCDD	White	Self-Advocate
X124	Mariko Magami	SCDD	Asian	Family Advocate
X125	Lareka Killebrew	SCDD	African-American	Family Advocate
X126	Pierre Landry (Chair)	SCDD	White	Family Advocate
	Roxanna Topete (DRC)	DRC		OCRA
X128	Michelle Wolf	FDLRC	White	Family Advocate
X129	Karla Diaz	FDLRC	Latino	Family Advocate
X130	Linda An	FDLRC	Asian	Family Advocate
X131	Zulma Mena	FDLRC	Latino	Family Advocate

<b>App No. LOS ANGELES OFFICE - SDAC Members</b>				
<b>REGIONAL CENTER 5 - HARBOR REGIONAL CENTER</b>				
	<b>Name</b>	<b>Appointment</b>	<b>Race</b>	<b>Status</b>
X132	Linda Chan Rapp (Chair)	SCDD	Asian	Family Advocate

**Self-Determination Local Advisory Committee  
Membership Roster -- Updated 12/14/2020**

X133	*Miriam Kang	SCDD	White	Family Advocate
X136	Deaka McClain	HRC	African-American	Self-Advocate
X137	Rosalinda Garcia	HRC	Latino	Other
	Priscilla Ankrah (DRC)	DRC		OCRA
43	David Oster	HRC	White	
121	Juliana Martinez	HRC	Hispanic	Family Advocate
125	Vianey Gomes	SCDD Continge	Hispanic	Family Advocate
	Patricia Jordan	HRC	African-American	
	Sunghee Park	HRC	Asian	

**App No. LOS ANGELES OFFICE - SDAC Members  
REGIONAL CENTER 6 - EAST LOS ANGELES REGIONAL CENTER**

	<b>Name</b>	<b>Appointment</b>	<b>Race</b>	<b>Status</b>
X139	Carl Blum	ELARC	White	Family Advocate
X140	Jacobed Garcia	ELARC	Latino	Family Advocate
X141	Virgilio Orlina (chair)	ELARC	Filipino	Self-Advocate
X142	Mei Ye	ELARC	Chinese	Family Advocate
X143	Cathay Liu	SCDD	Chinese	Family Advocate
X144	Carola Maranon	SCDD	Latino	Family Advocate
12	Josefina Nieves	SCDD	Latino	Family Advocate
3	Yougeng Sun	SCDD	Chinese	Family Advocate
X145	Alexander Scarlis	DRC	OCRA	Other
145	Connie Legaspi	SCDD CONTINGENT		

**App No. LOS ANGELES OFFICE - SDAC Members  
REGIONAL CENTER 7 - SAN GABRIEL POMONA REGIONAL CENTER**

	<b>Name</b>	<b>Appointment</b>	<b>Race</b>	<b>Status</b>
33	Ameen Ali	SCDD	White	Family Advocate
32	Mercedes Ospina-Manota	SCDD	Latino	Family Advocate
X151	Molly Chen	SGPRC	Asian	Self-Advocate
X152	Aimee Delgado (DRC)	DRC	Latino	Other

**Self-Determination Local Advisory Committee  
Membership Roster -- Updated 12/14/2020**

123	Antony Rodriguez	SCDD	Latino	Family Advocate
	Bertha Monterrey (Chair)	SGPRC	Latino	Family Advocate
	Cory J (C.J.) Carmichel	SGPRC	Black	SA
	Tracy Evanson	SGPRC	Black	FA
126	Mary Valencia	SCDD	Latino	Family Advocate

**Self-Determination Local Advisory Committee  
Membership Roster -- Updated 12/14/2020**

<b>App No.</b>	<b>ORANGE COUNTY REGIONAL OFFICE - SDAC Members</b>			
	<b>REGIONAL CENTER - REGIONAL CENTER OF ORANGE COUNTY</b>			
	<b>Name</b>	<b>Appointment</b>	<b>Race</b>	<b>Status</b>
X153	Tim Jin	SCDD	Asian	SA
X154	Andrea Kumetz-Coleman	SCDD	Asian, Native Hawaiian, White	FA
X155	Michael Rillera	SCDD	Asian	FA
34	Karen Millender	SCDD	White	FA
	Tina Stang	RCOC	Asian	FA
X157	Jyusse Corey	RCOC	Mixed Race	SA
X158	April Lopez, Chairperson	RCOC	Hispanic	FA
	Bruce Hall	RCOC	White	FA
X160	Jacqueline Miller (DRC)	DRC	White	OCRA
	Keli Radford			RCOC Staff
	Cathy Furukawa			RCOC Staff Support

<b>App No.</b>	<b>SAN BERNARDINO OFFICE - SDAC Members</b>			
	<b>REGIONAL CENTER - INLAND REGIONAL CENTER</b>			
	<b>Name</b>	<b>Appointment</b>	<b>Race</b>	<b>Status</b>
X161	Lannette Hollowell	SCDD	Caucasian/ White	Self-Advocate
X162	Rhonda Morris	SCDD	Caucasian/White	Family Advocate
X164	Maia Pawooskar, Chair	IRC	Asian	Family Advocate
X166	Ryan Reynolds	IRC	Caucasian/White	Self-Advocate
	Jennifer Alfaro	DRC		OCRA
77	Nicole Starks-Murray	SCDD	African-American	Family Advocate
83	Cathy Rosas	SCDD	Hispanic	Family Advocate
	Ronald Allan	IRC	White	Self-Advocate
	Martina Rangel-Ortega	IRC	Hispanic	Family Advocate

**Self-Determination Local Advisory Committee  
Membership Roster -- Updated 12/14/2020**

	Dr. Donna Hunter	IRC	African American	Family Advocate
140	Tina Ewing-Wilson	SCDD	White	Self Advocate
	Henrietta Simmons	IRC	African American	Family Advocate

**App No. SAN BERNARDINO & SEQUOIA OFFICE - SDAC Members  
REGIONAL CENTER - KERN REGIONAL CENTER**

	<b>Name</b>	<b>Appointment</b>	<b>Race</b>	<b>Status</b>
X168	Rick Wood, Chair	SCDD	Caucasian/White	Family Advocate
X169	Nicholas "Nico" Scheider	KRC	Caucasian/White	Self-Advocate
X170	Kelly Reyes	KRC	Caucasian/White	Family Advocate
X171	Mario Espinoza (DRC)	DRC	Hispanic	DRC
	VACANT	SCDD		
	VACANT	SCDD		
	VACANT	SCDD		
	VACANT	KRC		
	VACANT	KRC		

**App No. SAN DIEGO IMPERIAL OFFICE - SDAC Members  
REGIONAL CENTER - SAN DIEGO REGIONAL CENTER**

	<b>Name</b>	<b>Appointment</b>	<b>Race</b>	<b>Status</b>
X172	Joyce Clark - Chair	SCDD	Caucasian	FA
2	Kim Rucker	SCDD	Caucasian	SA
7	Bertha Taylor	SCDD	African American	FA
X174	Debra Jorgensen	SCDD	Caucasian	FA
X175	Christopher Lubinski	SDRC	Caucasian	FA
X176	Tracey Millhouse-Hensley	SDRC	Caucasian	FA
X177	Tania Schloss	DRC	Caucasian	Agency Rep
127	Horacio Correa Jr.	SDRC	Hispanic	FA

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April 27, 2021

**AGENDA ITEM 13.**

**ACTION ITEM**

**STATE COUNCIL ON DEVELOPMENTAL DISABILITIES –  
MEMBERSHIP COMMITTEE**

***Review Local Self-Determination Advisory Committee (SDAC)  
Applications***

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Members will review local SDAC applications for the following regional centers:

1. Alta California Regional Center
2. Central Valley Regional Center
3. East Los Angeles Regional Center
4. Frank D. Lanterman Regional Center
5. Far Northern Regional Center
6. Golden Gate Regional Center
7. Harbor Regional Center
8. Inland Regional Center
9. Kern Regional Center
10. North Bay Regional Center
11. North Los Angeles County Regional Center
12. Regional Center of the East Bay
13. Regional Center of Orange County
14. Redwood Coast Regional Center
15. San Andres Regional Center
16. South Central Los Angeles Regional Center
17. San Diego Regional Center
18. San Gabriel Pomona Regional Center
19. Tri-Counties Regional Center
20. Valley Mountain Regional Center
21. Westside Regional Center

***Recommendation***

Appoint manager-recommended members to the Local Self-Determination Advisory Committees listed above.

***Attachment(s)***

Local Self-Determination Advisory Committee Applications

**Alta California  
Regional Center  
(Sacramento Region)**

## SDAC Application

**Unique ID: SDAC-181**

First Name: REDACTED

Address: REDACTED

County of Residence: **Sacramento**

Phone: REDACTED                      Email: REDACTED

Race/Ethnicity (Optional): Hispanic or Latino

Regional Center: Alta California

I am a: Family Member

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**Has Your Name Been Selected To Participate In The Roll Out Of The Self-Determination Program?**

No

**How did your interest in, or knowledge of, the developmental disability field and service system develop?:**

I work for a special education law firm and also have an adult son who has been a consumer since the age of 4.

**What are your areas of interest in the developmental disability field and service system?:**

Lanterman legislation and assisting the non-English speaking families receive updates and are represented.

**Please describe any previous experience with Self-Determination and explain why you wish to serve on the Self-Determination Advisory Committee?:**

I do not have any previous experience with the SD; however, I am very interested, as stated above in the process and helping to ensure that all families receive updates and are represented in the advisory committee. Cultural representation is essential.

## SDAC Application

**Unique ID: SDAC-198**

First Name: REDACTED

Address: REDACTED

County of Residence: **California**

Phone: REDACTED                      Email: REDACTED

Race/Ethnicity (Optional):

Regional Center: Alta California

I am a: Self-Advocate (Person with disability)

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**Has Your Name Been Selected To Participate In The Roll Out Of The Self-Determination Program?**

Yes

**How did your interest in, or knowledge of, the developmental disability field and service system develop?:**

yes

**What are your areas of interest in the developmental disability field and service system?:**

yes

**Please describe any previous experience with Self-Determination and explain why you wish to serve on the Self-Determination Advisory Committee?:**

yes

## SDAC Application

**Unique ID: SDAC-182**

First Name: REDACTED

Address: REDACTED

County of Residence: **CA**

Phone: REDACTED                      Email: REDACTED

Race/Ethnicity (Optional): White

Regional Center: Alta California

I am a: Served on both the Alta California Regional and UCP Board for many years.

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**Has Your Name Been Selected To Participate In The Roll Out Of The Self-Determination Program?**

No

**How did your interest in, or knowledge of, the developmental disability field and service system develop?:**

Board member of both Alta California Regional Center and UCP. Currently the CEO of NonProfits United which is a insurance pool. We have thirty members who provide services for individuals who are developmentally challenged. the larges one is PRIDE Industries.

**What are your areas of interest in the developmental disability field and service system?:**

My area of interest are employment and housing for those individuals.

**Please describe any previous experience with Self-Determination and explain why you wish to serve on the Self-Determination Advisory Committee?:**

While on both mentioned boards spent time lobbying both the State of California and the Congress for this population. As a businessman and advocate with experience believe that I could bring the past experience.

## SDAC Application

**Unique ID: SDAC-183**

First Name: REDACTED

Address: REDACTED

County of Residence: **Yolo**

Phone: REDACTED

Email: REDACTED

Race/Ethnicity (Optional): White

Regional Center: Alta California

I am a: Family Member

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**Has Your Name Been Selected To Participate In The Roll Out Of The Self-Determination Program?**

No

**How did your interest in, or knowledge of, the developmental disability field and service system develop?:**

My adult son has autism and we've been heavily involved in his development, care, and advocacy for 28+yrs.

**What are your areas of interest in the developmental disability field and service system?:**

I am interested in the implementation of the Self-Determination Program and in ensuring the needed supports and services are available for disabled clients to access as they progress through their lifespan. I'd like to be more involved so I can be of help to other parents as they support their adult children through the various life transitions and help to make their lives as full and stimulating as possible.

**Please describe any previous experience with Self-Determination and explain why you wish to serve on the Self-Determination Advisory Committee?:**

My experience has mainly been through my own inquiries and research on the program for my son's needs. However, I have explored the topic as part of my public administration coursework at USF. Through that effort, I've done a little more research on the area including the history and how a few other state programs have implemented it. Lastly, I was offered an opportunity to serve on this committee when it was initially formed but my work and studies did not allow for any additional commitments. Now that my studies are complete and my work is winding down, the time is right for me to volunteer my time.

## SDAC Application

**Unique ID: SDAC-184**

First Name: REDACTED

Address: REDACTED

County of Residence: **CA**

Phone: REDACTED

Email: REDACTED

Race/Ethnicity (Optional): African-American

Regional Center: Alta California

I am a: Family Member

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**Has Your Name Been Selected To Participate In The Roll Out Of The Self-Determination Program?**

No

**How did your interest in, or knowledge of, the developmental disability field and service system develop?:**

Through my Education as a psychologist and as a parent of a child with autism.

**What are your areas of interest in the developmental disability field and service system?:**

Ensuring that Seniors and People with disabilities get the services that need to have the best quality of life possible.

**Please describe any previous experience with Self-Determination and explain why you wish to serve on the Self-Determination Advisory Committee?:**

I have had to advocate for my son for almost 45 years. In my situation, I am his voice, for he cannot speak for himself. When we started on this journey there was very little help for people like my son. We had to fight for inclusion in every step we traveled and the fight continues. You name it I was there, within the Government, Educational System, Human Rights, Funding, etc. Now as we age, we face new challenges. Most funding goes toward the young, however, we see that those with disabilities are living longer.

Over the years I have been involved in the writing IEP's and IPP's for many in various programs. Again, for the young, more thought is and was there.

The reason I want to serve, is because the need is still there for the old as well as the young. And I believe that with my experience, background and my willingness to serve, make me a good candidate for the committee.

## SDAC Application

**Unique ID: SDAC-186**

First Name: REDACTED

Address: REDACTED

County of Residence: **Yolo**

Phone: REDACTED                      Email: REDACTED

Race/Ethnicity (Optional): African-American

Regional Center: Alta California

I am a: Family Member

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**Has Your Name Been Selected To Participate In The Roll Out Of The Self-Determination Program?**

No

**How did your interest in, or knowledge of, the developmental disability field and service system develop?:**

We have a special needs son.

**What are your areas of interest in the developmental disability field and service system?:**

Self Determination Program for all who are interested and qualified.

**Please describe any previous experience with Self-Determination and explain why you wish to serve on the Self-Determination Advisory Committee?:**

Our family had a similar program for our son in the past!

## SDAC Application

**Unique ID: SDAC-188**

First Name: REDACTED

Address: REDACTED

County of Residence: **Sacramento**

Phone: REDACTED                      Email: REDACTED

Race/Ethnicity (Optional): African-American

Regional Center: Alta California

I am a: Family Member

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**Has Your Name Been Selected To Participate In The Roll Out Of The Self-Determination Program?**

No

**How did your interest in, or knowledge of, the developmental disability field and service system develop?:**

I am the parent of a child with a developmental disability.

**What are your areas of interest in the developmental disability field and service system?:**

Advocacy, independence, and assisting each individual to reach their maximum potential.

**Please describe any previous experience with Self-Determination and explain why you wish to serve on the Self-Determination Advisory Committee?:**

I have taken a series of trainings and workshops pertaining to Self-Determination, Person Centered Thinking & Planning, and Independent Facilitation. My goal is to use the knowledge that I gained to simplify the process.

## SDAC Application

**Unique ID: SDAC-190**

First Name: REDACTED

Address: REDACTED

County of Residence: **CA**

Phone: REDACTED

Email: REDACTED

Race/Ethnicity (Optional): Asian

Regional Center: Alta California

I am a: Family Member

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**Has Your Name Been Selected To Participate In The Roll Out Of The Self-Determination Program?**

No

**How did your interest in, or knowledge of, the developmental disability field and service system develop?:**

My son has autism. He was enrolled for SDP 4 years ago but was not selected.

**What are your areas of interest in the developmental disability field and service system?:**

The regional center services do not reach the marginalized population and there is huge health disparity. Policy changes have to be implemented to address inequity

**Please describe any previous experience with Self-Determination and explain why you wish to serve on the Self-Determination Advisory Committee?:**

My son is a client of Alta and was enrolled for SDP but was not selected 3 years ago. I hope to get a better understanding of SDP and why only 28% of the selected have an approved budget. Want to understand how the SDP can be reached to marginalized population and help them access

## SDAC Application

**Unique ID: SDAC-197**

First Name: REDACTED

Address: REDACTED

County of Residence: **California**

Phone: REDACTED

Email: REDACTED

Race/Ethnicity (Optional):

Regional Center: Alta California

I am a: Self-Advocate (Person with disability)

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**Has Your Name Been Selected To Participate In The Roll Out Of The Self-Determination Program?**

Yes

**How did your interest in, or knowledge of, the developmental disability field and service system develop?:**

yes

**What are your areas of interest in the developmental disability field and service system?:**

yes

**Please describe any previous experience with Self-Determination and explain why you wish to serve on the Self-Determination Advisory Committee?:**

yes

**Central Valley  
Regional Center  
(Sequoia Region)**

## SDAC Application

**Unique ID: SDAC-179**

First Name: REDACTED

Address: REDACTED

County of Residence: **Fresno**

Phone: REDACTED

Email: REDACTED

Race/Ethnicity (Optional): White

Regional Center: Central Valley

I am a: Family Member

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**Has Your Name Been Selected To Participate In The Roll Out Of The Self-Determination Program?**

Yes

**How did your interest in, or knowledge of, the developmental disability field and service system develop?:**

I have been interested since the time I was aware that my son had some form of development issues. I have served on the Tulare County Office of Education Advisory Committee for Special Education, multiple school site councils and currently serve as a Board member for PSW which is a non-profit service provider in Tulare County

**What are your areas of interest in the developmental disability field and service system?:**

I am especially interested in helping individuals developing vocational skills and obtain meaningful employment.

**Please describe any previous experience with Self-Determination and explain why you wish to serve on the Self-Determination Advisory Committee?:**

My 27 year old son, Kendall is autistic. He is intelligent but lacks in many basic areas. With my help in arranging his schedule and such, he obtained a Bachelors degree in graphic arts from Fresno State a few years ago. Unfortunately he lacks skills in being an employee which limit his ability to utilize his highly developed skills for employment. He was selected for Self-Determined but we were hesitant at first to jump in. We finally transitioned in the Fall of 2020 and the changes we have seen in his skills and personality are astounding. We hired someone that could give Kendall the practical, hands-on knowledge that would utilize his skills. As a family, we believe the Self-Determined program has been vital to his development and can see that it would help others. Kendall also recognizes that his success has been

based on life-long focusing on what he does well and not on what he struggles with. He has benefited from a life of "person centered planning". Since starting his Self-Determined program, he has launched his own YouTube channel where his catch phrase is "may your gifts bless the world". We all see that his channel has the ability to encourage both individuals with disabilities and the families who love them. Check out Kendall's story by visiting his channel on YouTube. You can find it by simply searching "Adventures With Kendall". This "Adventure" would not have been possible without the Self-Determined program. THANK YOU!!!

## SDAC Application

**Unique ID: SDAC-185**

First Name: REDACTED

Address: REDACTED

County of Residence: **Fresno**

Phone: REDACTED                      Email: REDACTED

Race/Ethnicity (Optional): Hispanic or Latino

Regional Center: Central Valley

I am a: Family Member

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**Has Your Name Been Selected To Participate In The Roll Out Of The Self-Determination Program?**

Yes

**How did your interest in, or knowledge of, the developmental disability field and service system develop?:**

I am a parent of a minor child with dev disabilities, a client of CVRC, and a participant in the SDP roll out.

**What are your areas of interest in the developmental disability field and service system?:**

Supporting families with SDP Roll out and the SDP to reduce barriers to family/client understanding and implementation.

**Please describe any previous experience with Self-Determination and explain why you wish to serve on the Self-Determination Advisory Committee?:**

Parent of minor child in SDP roll out. Have completed IF certificate training.

## SDAC Application

**Unique ID: SDAC-194**

First Name: REDACTED

Address: REDACTED

County of Residence: **Fresno**

Phone: REDACTED

Email: REDACTED

Race/Ethnicity (Optional): White

Regional Center: Central Valley

I am a: Family Member

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**Has Your Name Been Selected To Participate In The Roll Out Of The Self-Determination Program?**

No

**How did your interest in, or knowledge of, the developmental disability field and service system develop?:**

My Sister Lori

**What are your areas of interest in the developmental disability field and service system?:**

Self Determination Program, Housing & Employment.

**Please describe any previous experience with Self-Determination and explain why you wish to serve on the Self-Determination Advisory Committee?:**

I've been note/minute taking for my LAC for the past year and wish to be officially accepted as a Committee Member. Being apart of the success of SDP is important to me and those I serve.

## SDAC Application

**Unique ID: SDAC-199**

First Name: REDACTED

Address: REDACTED

County of Residence: **Fresno**

Phone: REDACTED

Email: REDACTED

Race/Ethnicity (Optional): White

Regional Center: Central Valley

I am a: Family Member

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**Has Your Name Been Selected To Participate In The Roll Out Of The Self-Determination Program?**

No

**How did your interest in, or knowledge of, the developmental disability field and service system develop?:**

I have a son who lives with a developmental disability..

**What are your areas of interest in the developmental disability field and service system?:**

I have the most experience working with early start through the school system helping/supporting families as they navigate their IEP's.

**Please describe any previous experience with Self-Determination and explain why you wish to serve on the Self-Determination Advisory Committee?:**

I have been aware of Self-Determination for the last 15 years, my son began Self-Determination on February 1, 2021.

**East Los Angeles  
Regional Center  
(Los Angeles Region)**

**Far Northern  
Regional Center  
(North State Region)**

**Frank D. Lanterman  
Regional Center  
(Los Angeles Region)**

**Golden Gate  
Regional Center  
(Bay Area Region)**

**Harbor  
Regional Center  
(Los Angeles Region)**

**Inland  
Regional Center  
(San Bernardino Region)**

**Kern**  
**Regional Center**  
**(San Bernardino/Sequoia Region)**

## SDAC Application

**Unique ID: SDAC-164**

First Name: REDACTED

Address: REDACTED

County of Residence: **Inyo**

Phone: REDACTED

Email: REDACTED

Race/Ethnicity (Optional): White

Regional Center: Kern

I am a: Advocate and Independent Facilitator

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**Has Your Name Been Selected To Participate In The Roll Out Of The Self-Determination Program?**

No

**How did your interest in, or knowledge of, the developmental disability field and service system develop?:**

Began with my son's Regional Center referral.

**What are your areas of interest in the developmental disability field and service system?:**

Advocating SD, supporting independence and freedom of choice, respect and dignity. Access to the supports that help live best lives. System change to support the above.

**Please describe any previous experience with Self-Determination and explain why you wish to serve on the Self-Determination Advisory Committee?:**

I have experience working as a service coordinator for regional center and experience working in the SD Pilot Program. I also have experience as a service broker in the pilot. I have transitioned pilot participants and traditional participants to new SD. I am currently serving as a person-centered plan writer and independent facilitator and recognize the advocacy work needed as the state rollout moves ahead. My desire is to work with others to overcome barriers to SD statewide and support the effort needed to make it a success.

## SDAC Application

**Unique ID: SDAC-173**

First Name: REDACTED

Address: REDACTED

County of Residence: **Kern**

Phone: REDACTED

Email: REDACTED

Race/Ethnicity (Optional): White

Regional Center: Kern

I am a: Family Member

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**Has Your Name Been Selected To Participate In The Roll Out Of The Self-Determination Program?**

No

**How did your interest in, or knowledge of, the developmental disability field and service system develop?:**

My son, Theodore, was born with Down Syndrome and opened my eyes to the disability advocacy community. I then completed my masters in social work in 2020, with my thesis focusing on California's Self Determination Program.

**What are your areas of interest in the developmental disability field and service system?:**

Self determination, advocacy

**Please describe any previous experience with Self-Determination and explain why you wish to serve on the Self-Determination Advisory Committee?:**

I have been providing services as an Independent Facilitator since 2019 to clients of KRC. I would be honored to serve on the SDAC and assist in the effective implementation of SDP in Kern County.

## SDAC Application

**Unique ID: SDAC-180**

First Name: REDACTED

Address: REDACTED

County of Residence: **San Luis Obispo**

Phone: REDACTED                      Email: REDACTED

Race/Ethnicity (Optional): White

Regional Center: Kern

I am a: Provider

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**Has Your Name Been Selected To Participate In The Roll Out Of The Self-Determination Program?**

Yes

**How did your interest in, or knowledge of, the developmental disability field and service system develop?:**

I am a brain and behavior expert with 16 years of experience working on the behavioral and mental health field. I am a member of the council for suicide prevention, I coach for the Honor Foundation and I own my business

**What are your areas of interest in the developmental disability field and service system?:**

I coach people about the brain and behavior through nutrition and the science of the mind

**Please describe any previous experience with Self-Determination and explain why you wish to serve on the Self-Determination Advisory Committee?:**

I am an Independent Facilitator

## SDAC Application

**Unique ID: SDAC-192**

First Name: REDACTED

Address: REDACTED

County of Residence: **Mono**

Phone: REDACTED

Email: REDACTED

Race/Ethnicity (Optional): White

Regional Center: Kern

I am a: non-profit leader, educator, consultant, & independent facilitator

---

**Has Your Name Been Selected To Participate In The Roll Out Of The Self-Determination Program?**

No

**How did your interest in, or knowledge of, the developmental disability field and service system develop?:**

I've worked in the field for 20+ years in a variety of capacities (educator, non-profit leader,

**What are your areas of interest in the developmental disability field and service system?:**

inclusion, transition to adulthood, communication support, self-advocacy, relationships and sexuality, higher education, competitive integrated employment,

**Please describe any previous experience with Self-Determination and explain why you wish to serve on the Self-Determination Advisory Committee?:**

I have completed Independent Facilitator training and am currently supporting one person in this role. I am a part of groups including Cal-TASH, Threshold 4 Change, and other person-centered groups. I want to be involved on the Kern RC SDAC so that I can learn about Kern RC's implementation of SDP supports and so that I can become a more involved member of our community.

**North Bay  
Regional Center  
(Bay Area Region)**

## SDAC Application

**Unique ID: SDAC-191**

First Name: REDACTED

Address: REDACTED

County of Residence: **CA**

Phone: REDACTED                      Email: REDACTED

Race/Ethnicity (Optional): White

Regional Center: North Bay

I am a: Self-Advocate (Person with disability)

---

**Has Your Name Been Selected To Participate In The Roll Out Of The Self-Determination Program?**

Yes

**How did your interest in, or knowledge of, the developmental disability field and service system develop?:**

Justin

**What are your areas of interest in the developmental disability field and service system?:**

napa

**Please describe any previous experience with Self-Determination and explain why you wish to serve on the Self-Determination Advisory Committee?:**

Napa Valley psi

**North Los Angeles County  
Regional Center  
(Los Angeles Region)**

## SDAC Application

**Unique ID: SDAC-174**

First Name: REDACTED

Address: REDACTED

County of Residence: **Los Angeles**

Phone: REDACTED                      Email: REDACTED

Race/Ethnicity (Optional):

Regional Center: North Los Angeles

I am a: Self-Advocate (Person with disability)

---

**Has Your Name Been Selected To Participate In The Roll Out Of The Self-Determination Program?**

Yes

**How did your interest in, or knowledge of, the developmental disability field and service system develop?:**

I am a parent of two daughters with Autism and I am also a self advocate adult with autism.

**What are your areas of interest in the developmental disability field and service system?:**

Advocacy, Creating accessible documents, Autism training and Effective communication.

**Please describe any previous experience with Self-Determination and explain why you wish to serve on the Self-Determination Advisory Committee?:**

I am a regional client currently in Self Determination and I completed the IF training. I have attended an advisory committee meeting and really want to serve in some way.

**Redwood Coast  
Regional Center  
(North Coast Region)**

**Regional Center of  
The East Bay  
(Bay Area Region)**

**Regional Center of  
Orange County  
(Orange County Region)**



## SDAC Application

**Unique ID: SDAC-150**

First Name: REDACTED

Address: REDACTED

County of Residence: **Orange**

Phone: REDACTED                      Email: REDACTED

Race/Ethnicity (Optional): Hispanic or Latino

Regional Center: Orange County

I am a: Family Member

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**Has Your Name Been Selected To Participate In The Roll Out Of The Self-Determination Program?**  
Yes

**How did your interest in, or knowledge of, the developmental disability field and service system develop?:**  
I am a sibling of an adult with autism.

**What are your areas of interest in the developmental disability field and service system?:**  
I am open to all fields of the service system however trainings is a primary interest

**Please describe any previous experience with Self-Determination and explain why you wish to serve on the Self-Determination Advisory Committee?:**  
As someone that is continuing to go through the SDP I have first hand experience of seeking services

**San Andres  
Regional Center  
(Central Coast Region)**

# **San Diego Regional Center**

## **(San Diego Imperial Region)**

## SDAC Application

**Unique ID: SDAC-163**

First Name: REDACTED

Address: REDACTED

County of Residence: **San Diego**

Phone: REDACTED                      Email: REDACTED

Race/Ethnicity (Optional): Hispanic or Latino

Regional Center: San Diego

I am a: Family Member

---

**Has Your Name Been Selected To Participate In The Roll Out Of The Self-Determination Program?**

No

**How did your interest in, or knowledge of, the developmental disability field and service system develop?:**

Parent of children with disabilities

**What are your areas of interest in the developmental disability field and service system?:**

Self-Determination Program, and Advocacy

**Please describe any previous experience with Self-Determination and explain why you wish to serve on the Self-Determination Advisory Committee?:**

I have attended many of the Self-Determination meetings with the SDRC and DDS. I'm frustration with the delays in the Self-Determination Program and would like to become more actively involved with it's implementation.

## SDAC Application

**Unique ID: SDAC-165**

First Name: REDACTED

Address: REDACTED

County of Residence: **CA**

Phone: REDACTED

Email: REDACTED

Race/Ethnicity (Optional): White

Regional Center: San Diego

I am a: autistic autism researcher

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**Has Your Name Been Selected To Participate In The Roll Out Of The Self-Determination Program?**

No

**How did your interest in, or knowledge of, the developmental disability field and service system develop?:**

Through my own growth and development within the system

**What are your areas of interest in the developmental disability field and service system?:**

Policy and Legislation

**Please describe any previous experience with Self-Determination and explain why you wish to serve on the Self-Determination Advisory Committee?:**

I would like to share my research and experience with ADA and the Lanterman Act and converge the requirements with the lived experience of what the consumers actually want and need based on current research and narrative.

## SDAC Application

**Unique ID: SDAC-166**

First Name: REDACTED

Address: REDACTED

County of Residence: **CA**

Phone: REDACTED

Email: REDACTED

Race/Ethnicity (Optional): White

Regional Center: San Diego

I am a: Family Member

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**Has Your Name Been Selected To Participate In The Roll Out Of The Self-Determination Program?**

No

**How did your interest in, or knowledge of, the developmental disability field and service system develop?:**

My son's regions worker told us about it.

**What are your areas of interest in the developmental disability field and service system?:**

I volunteer in the community to help were needed

**Please describe any previous experience with Self-Determination and explain why you wish to serve on the Self-Determination Advisory Committee?:**

I am willing to help were needed

## SDAC Application

**Unique ID: SDAC-168**

First Name: REDACTED

Address: REDACTED

County of Residence: **CA**

Phone: REDACTED

Email: REDACTED

Race/Ethnicity (Optional): African-American

Regional Center: San Diego

I am a: Provider

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**Has Your Name Been Selected To Participate In The Roll Out Of The Self-Determination Program?**

No

**How did your interest in, or knowledge of, the developmental disability field and service system develop?:**

I have clients who are interested and I would like to be informed and stay up to date.

**What are your areas of interest in the developmental disability field and service system?:**

I am a ILS/SLS vendor and I provide services to individual services to adults with disabilities.

**Please describe any previous experience with Self-Determination and explain why you wish to serve on the Self-Determination Advisory Committee?:**

I am currently taking the self-determination training and I did the orientation as well.

## SDAC Application

**Unique ID: SDAC-169**

First Name: REDACTED

Address: REDACTED

County of Residence: **CA**

Phone: REDACTED

Email: REDACTED

Race/Ethnicity (Optional): White

Regional Center: San Diego

I am a: Independent Facilitator

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**Has Your Name Been Selected To Participate In The Roll Out Of The Self-Determination Program?**

No

**How did your interest in, or knowledge of, the developmental disability field and service system develop?:**

My interest began within my family. I am a mother of a teen with a DD!!!

**What are your areas of interest in the developmental disability field and service system?:**

I am an Independent Facilitator for SDP, but before I have worked in advocacy and ran a Pediatric Clinic for a number of years.

**Please describe any previous experience with Self-Determination and explain why you wish to serve on the Self-Determination Advisory Committee?:**

I have no previous experience since becoming an Independent Facilitator with SDP, but have served as a board member of Autism Society San Diego for the last nine years+.

## SDAC Application

**Unique ID: SDAC-171**

First Name: REDACTED

Address: REDACTED

County of Residence: **California**

Phone: REDACTED                      Email: REDACTED

Race/Ethnicity (Optional): White

Regional Center: San Diego

I am a: Agency: Beacons, Inc. Carlsbad CA

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**Has Your Name Been Selected To Participate In The Roll Out Of The Self-Determination Program?**

No

**How did your interest in, or knowledge of, the developmental disability field and service system develop?:**

As a parent of a young adult with disabilities and a founding board member of Beacons, Inc., I am working with consumers on their Person Centered Planning for Self Determination

**What are your areas of interest in the developmental disability field and service system?:**

vocational exploration and training, social/community integration, self determination, 1:1 support of consumers

**Please describe any previous experience with Self-Determination and explain why you wish to serve on the Self-Determination Advisory Committee?:**

I am a founding board member of Beacons, Inc. (providing services to people with intellectual disabilities in Carlsbad CA) and I have lead Person Centered Planning meetings in the past through our Pathfinder vocational training program. Also, as a parent of a young adult with disabilities, I have a keen interest in making self determination a successful process and path for consumers and their families. Beacons, Inc wants to continue to build our presence as an agency providing facilitation for Self Determination.

## SDAC Application

**Unique ID: SDAC-193**

First Name: REDACTED

Address: REDACTED

County of Residence: **Imperial**

Phone: REDACTED                      Email: REDACTED

Race/Ethnicity (Optional): Hispanic or Latino

Regional Center: San Diego

I am a: Self-Advocate (Person with disability)

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**Has Your Name Been Selected To Participate In The Roll Out Of The Self-Determination Program?**

No

**How did your interest in, or knowledge of, the developmental disability field and service system develop?:**

Leadership And advocating For Others

**What are your areas of interest in the developmental disability field and service system?:**

Advocating For Others and Leadership

**Please describe any previous experience with Self-Determination and explain why you wish to serve on the Self-Determination Advisory Committee?:**

I want to be a leader and be a role model for people

**San Gabriel Pomona  
Regional Center  
(Los Angeles Region)**

**South Central Los Angeles  
Regional Center  
(Los Angeles Region)**

## SDAC Application

**Unique ID: SDAC-189**

First Name: REDACTED

Address: REDACTED

County of Residence: **CA**

Phone: REDACTED

Email: REDACTED

Race/Ethnicity (Optional): African-American

Regional Center: South Central Los Angeles

I am a: Self-Advocate (Person with disability)

---

**Has Your Name Been Selected To Participate In The Roll Out Of The Self-Determination Program?**

Yes

**How did your interest in, or knowledge of, the developmental disability field and service system develop?:**

I joined South Central Los Angeles Regional Advocates Advisory Committee and I am the President of that Committee.

**What are your areas of interest in the developmental disability field and service system?:**

anything

**Please describe any previous experience with Self-Determination and explain why you wish to serve on the Self-Determination Advisory Committee?:**

I am apart of the Self-Determination program. I just got to the stage were I meet with my services coordinator to create the new IPP and the services will be effective April 1.

I want to serve on the Self-Determination Advisory Committee because I want to guide people that are in the Self-Determination program.

**Tri-Counties  
Regional Center  
(Central Coast Region)**

## SDAC Application

**Unique ID: SDAC-167**

First Name: REDACTED

Address: REDACTED

County of Residence: **Ventura**

Phone: REDACTED

Email: REDACTED

Race/Ethnicity (Optional): Hispanic or Latino

Regional Center: Tri-Counties

I am a: Family Member

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**Has Your Name Been Selected To Participate In The Roll Out Of The Self-Determination Program?**

No

**How did your interest in, or knowledge of, the developmental disability field and service system develop?:**

I was a Service Coordinator for the Frank D. Lanterman Regional Center for seven years and I conducted Life Quality Assessments for the Area Boards for approximately eight intermittent years. The most consequential event in my life in my devotion to the developmental disabilities system was having my niece being diagnosed with autism.

**What are your areas of interest in the developmental disability field and service system?:**

I am interested in seeing the expansion of quality service providers for clients. I am also interested in the development of resources particularly for the adult population through the SD program.

**Please describe any previous experience with Self-Determination and explain why you wish to serve on the Self-Determination Advisory Committee?:**

I have attended SD program informational meetings and have completed the Independent Facilitator training. Even though my interest is not becoming an independent facilitator, I recognize that to be able to be an effective advocate for the SD program, I need to have a strong and clear understanding of the program's guidelines and regulations. I want to serve in the SD Committee because I am part of the developmental disability community and I want to see the SD program succeed in my community.

## SDAC Application

**Unique ID: SDAC-170**

First Name: REDACTED

Address: REDACTED

County of Residence: **Ventura**

Phone: REDACTED

Email: REDACTED

Race/Ethnicity (Optional): Hispanic or Latino

Regional Center: Tri-Counties

I am a: Family Member

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**Has Your Name Been Selected To Participate In The Roll Out Of The Self-Determination Program?**

No

**How did your interest in, or knowledge of, the developmental disability field and service system develop?:**

I was a Service Coordinator for the Frank D. Lanterman Regional Center for seven years and I conducted Life Quality Assessments for the Area Boards for approximately eight intermittent years. The most consequential event in my life in my devotion to the developmental disabilities system was having my niece being diagnosed with autism.

**What are your areas of interest in the developmental disability field and service system?:**

I am interested in seeing the expansion of quality service providers for clients. I am also interested in the development of resources particularly for the adult population through the SD program.

**Please describe any previous experience with Self-Determination and explain why you wish to serve on the Self-Determination Advisory Committee?:**

I have attended SD program informational meetings and have completed the Independent Facilitator training. Even though my interest is not becoming an independent facilitator, I recognize that to be able to be an effective advocate for the SD program, I need to have a strong and clear understanding of the program's guidelines and regulations. I want to serve in the SD Committee because I am part of the developmental disability community and I want to see the SD program succeed in my community.

**Valley Mountain  
Regional Center  
(North Valley Hills Region)**

## SDAC Application

**Unique ID: SDAC-195**

First Name: REDACTED

Address: REDACTED

County of Residence: **Stanislaus**

Phone: REDACTED                      Email: REDACTED

Race/Ethnicity (Optional): Asian

Regional Center: Valley Mountain

I am a: Family Member

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**Has Your Name Been Selected To Participate In The Roll Out Of The Self-Determination Program?**

Yes

**How did your interest in, or knowledge of, the developmental disability field and service system develop?:**

My son has Autism and a SDAC consumer

**What are your areas of interest in the developmental disability field and service system?:**

Health & safety

**Please describe any previous experience with Self-Determination and explain why you wish to serve on the Self-Determination Advisory Committee?:**

Parent of a child with autism under self determination

# **Westside Regional Center (Los Angeles Region)**